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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. Not available
7. Unit Agreement Name Langlie Mattix Penrose Sand Unit
8. Farm or Lease Name Tract #29
9. Well No. 3
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

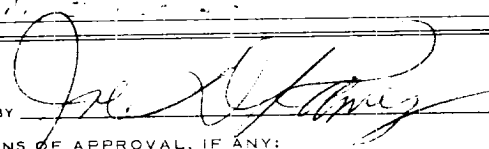
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Anadarko Production Company
3. Address of Operator P. O. Box 247, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER A , 990 FEET FROM THE north LINE AND 330 FEET FROM THE east LINE, SECTION 29 TOWNSHIP 22 S RANGE 37 E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) Not available

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER Fracture treat <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. MI & RU well servicing unit.
2. Pull rods & pump.
3. Fracture treat down 5½" casing and 2-3/8" tubing using 40,000 gallons gelled brine with 1½# SPG.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _____	TITLE District Superintendent	DATE 3/14/69
APPROVED BY 	TITLE SUPERVISOR	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		