

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-10553

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Anadarko Petroleum Corporation

3. Address of Operator
P.O. Box 806, Eunice, New Mexico 88231

4. Well Location
Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line
Section 33 Township 22 South Range 37 East NMPM Lea County

7. Lease Name or Unit Agreement Name
Langlie Mattix Penrose Sand
Unit Tract 33

8. Well No.

2

9. Pool name or Wildcat
Langlie Mattix SR, Grbg

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Pressure readings on TA'd Well ☒

12. 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.

Pressure readings as required twice annually on TA'd producing well.

DATE OF READINGS:

Surface Casing Annulus Pressure 0

Production Casing Annulus Pressure 0

Witnessed by: Jackie Pender

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

SIGNATURE Howard Hackett TITLE Field Foreman DATE 96-95

TYPE OR PRINT NAME Howard Hackett TELEPHONE NO. 394-3184

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 8 1993

MP