

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.)

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

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

2. Name of Operator
Anadarko Petroleum Corporation

8. Well No.

2

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

9. Pool name or Wildcat
Langlie Mattix SR, Grbg

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

10. Elevation (Show whether DF, RKB, RT, 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: March 1, 1995

Surface Casing Annulus Pressure 0#

Production Casing Annulus Pressure 0#

Witnessed by: Howard Ziegler

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

SIGNATURE Roger Lollar TITLE Field Foreman DATE 3-1-95
TYPE OR FIRST NAME Roger Lollar TELEPHONE NO. 394-3184

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY Roger Lollar TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 03 1995