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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name Langlie Mattix
2. Name of Operator Anadarko Production Company		8. Farm or Lease Name Penrose Sand Unit
3. Address of Operator P. O. Box 806 - Eunice, New Mexico 88231		9. Well No. 1/
4. Location of Well UNIT LETTER E , 2310 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 22S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3358' GR		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/> Shut In <input checked="" 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. Pulled rods and tubing.
2. Installed swedge and valve in casing; Shut well in.
 Note: This well is shut in and to be used as an observation well in determining average reservoir pressure.

E. J. Jones 1/1/77

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

SIGNED *Herb Henderson* TITLE Area Supervisor DATE 01/13/76

APPROVED BY _____ TITLE _____ DATE 01/16/1976

CONDITIONS OF APPROVAL, IF ANY: