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NEW MEXICO OIL CONSERVATION COMMISSION
APR 11 11 41 AM '67

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
(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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit or Lease Name Langlie Mattix Penrose Sand Unit
2. Name of Operator ANADARKO PRODUCTION COMPANY		8. Farm or Lease Name Tract No. 32
3. Address of Operator P. O. Box 247, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER E 990 FEET FROM THE West LINE AND 2310 FEET FROM THE North 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>	
ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> Well Status <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.

Well is shut in pending expansion of waterflood

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

SIGNED *M. J. McLeod* TITLE Project Supervisor DATE 4/10/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: