

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.

30-025-10565

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

LANGLIE-MATTIX PENROSE
SAND UNIT 35

8. Well No.

35-2

9. Pool name or Wildcat

LANGLIE-MATTIX SR QN GRBG

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐ WIW

2. Name of Operator

ANADARKO PETROLEUM CORP.

3. Address of Operator

P.O. BOX 2497; MIDLAND, TX 79702

4. Well Location

Unit Letter H : 1650 Feet From The NORTH Line and 330 Feet From The EAST Line

Section 33 Township 22S Range 37E NMPM LEA County

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: ☐

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.

8-15-97 Notified Gary Wink w/ OCD. Tagged up @ 1575'. SIFN.

8-18-97 Contacted Gary Wink w/ OCD. RIH w/ 7" packer to 960' and pressure tested csg below packer to 650 psi. POOH w/ packer and perforated csg @ 1250'. Set CICR @ 1197' and squeezed 200 sx C cmt to surface outside 7" csg. Pumped 10 sx C cmt on top of CICR, circulated mud. Circulated 40 sx C cmt 220'-surface. RDMO.

8-19-97 Cut off wellhead & capped well. Covered pit and dug up dead men. Installed dry hole marker.

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

SIGNATURE

James F. Newman

TITLE

Engineer

DATE 8-22-97

TYPE OR PRINT NAME

James F. Newman, P.E.

TELEPHONE NO 915-687-1994

(This space for State Use)

APPROVED BY

Charles L. ...

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JCIB

dp