

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

2040 S. Pacheco St.  
Santa Fe, NM 87505

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 ON GRBG

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

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.)

3343' GL

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.

1. RLS PKR & TOH W/TBG.
2. SET CMT RET @ 3400' AND PERF @ 1250' & 200'.
3. STING INTO CMT RET & PUMP 200 SX CLASS C CMT.
4. STING OUT OF CMT RET & DUMP 10 SX CMT ON CMT RET.
5. SPOT 25 SX @ BOTTOM OF SALT.
6. SET CMT RET @ 1200'.
7. STING INTO CMT RET. PUMP 200 SX CLASS C CMT. DUMP 10 SX ON CMT RET.
8. PUMP 200 SX CMT INTO TOP PERFS & CIRC TO SURF.
9. FILL REMAINING CSG TO SURFACE.
10. SET P&A MARKER.

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

SIGNATURE

TITLE

ENGINEER

DATE

5/23/97

TYPE OR PRINT NAME

CLAY M. GASPAR

TELEPHONE NO.

915/

683-0565

(This space for State Use)

ORIGINAL SIGNED BY DENNIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: