

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.

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
Tract 35

8. Well No.
2

9. Pool name or Wildcat
Langlie Mattix SR-QNGB

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 wtr inj. well

2. Name of Operator
Anadarko Petroleum Corporation

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

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. RUPU & Reverse Unit.
2. TIH w/ DC & tbg & 4 3/4" bit. Tag bridge plug @ 3570'.
3. Mix & pump 200 SX Class "C" w/ 2% CaCL.
4. Pump 100 Bbl brine gel 10#.
5. Set 50 SX plug @ 2490' Class "C".
6. Cut 7" csg @ 1200'.
7. Set 100 SX plug @ 1200', 50' in & 50' out Class "C".
8. Set 35 SX plug 300' Class "C".
9. Set 10 SX plug surface Class "C".
10. Set marker.
11. RDPU.

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

SIGNATURE [Signature] TITLE Field Foreman DATE 10-8-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

OFFICIAL REVIEWED BY [Signature]
[Signature]

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 11 1990

RECEIVED

OCT 10 1990

HC SIG OFFICE