

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Enc., 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.	30-025-10566
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	Langlie Mattix Penrose Sand Unit Tract #35
8. Well No.	3
9. Pool name or Wildcat	37240 Langlie Mattix 7R Qn GB

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW	
2. Name of Operator	Anadarko Petroleum Corporation 000817
3. Address of Operator	PO Box 37, Loco Hills, NM 88255
4. Well Location	Unit Letter B : 1650 Feet From The East Line and 990 Feet From The North Line Section 33 Township 22S Range 37E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3350' GR	

11. 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Retest Csg per Chris Williams request. <input checked="" type="checkbox"/>

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. Pressured up on csg to 510#, per Chris Williams request.
2. Ran chart for 20 minutes. Held steady.
3. Submitted form C-103 & chart to NMOCD.

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

SIGNATURE Bill Winker TITLE Field Foreman DATE 01-12-98  
Bill Winker  
TYPE OR PRINT NAME  
TELEPHONE NO. 505/677-2411

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT I SUPERVISOR DATE JAN 20 1998  
CONDITIONS OF APPROVAL, IF ANY:

JCSN





