

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO. 30-025-10569
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-058626-A
7. Lease Name or Unit Agreement Name: LANGLIE-MATTIX PENROSE SAND UNIT TRACT 21
8. Well No. 21-03
9. Pool name or Wildcat LANGLIE-MATTIX

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 INJECTOR	10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3346' GL
2. Name of Operator Anadarko Petroleum Corp.	
3. Address of Operator P.O. Box 2497 Midland, TX 79702	
4. Well Location Unit Letter <u>D</u> <u>660</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>34</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>LEA</u>	

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 ☐ MULTIPLE COMPLETION ☐
- 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

NOTE: IN A REPAIR ATTEMPT 7" CSG WAS PULLED FROM 494'.

1. MIRU PLUGGERS. SPOT 35 SX CMT ON RBP @ 3300' (EXISTING).
2. CIRC WITH MUD.
3. SPOT 25 SX CMT @ 2550'-2400'. WOC AND TAG.
4. SPOT 65 SX CMT @ 550' TO COVER CSG CUT AND SURF CSG SHOE. WOC. TAG.
5. SPOT 25 SX CMT FROM 60' TO SURF.
6. CUT OFF WH AND PLACE MARKER.

* PER PHONE CONVERSATION W/CHRIS WILLIAMS ON 2/18/02,
STEP #4 WAS INCREASED TO 100 SX.

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

SIGNATURE R. N. Mueller TITLE SR STAFF PRODUCTION ENGINEER DATE 2-18-02
01/10/02

Type or print name R. N. MUELLER Telephone No. 915/683-0555

(This space for State use)

APPROVED BY Chris Williams TITLE _____ DATE _____

Conditions of approval, if any:

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8. Well No. 21-03
9. Pool name or Wildcat LANGLIE-MATTIX
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3329' GL

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PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR
2. Name of Operator Anadarko Petroleum Corp.
3. Address of Operator P.O. Box 2497 Midland, TX 79702
4. Well Location

Unit Letter D : 660 feet from the NORTH line and 660 feet from the WEST line
Section 34 Township 22S Range 37E NMPM County LEA

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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1. MIRU. SET RBP @ 3300' AND TOP WITH SAND.
2. BACK OFF 7" CSG AT APPROX 609'. TOH.
3. RE-RUN 7" CSG, REPLACING JOINTS #15, #16 & #17. TEST CSG.
4. RETRIEVE RBP. CLEAN OUT W/BIT AND SCRAPER.
5. RUN INJECTION PACKER AND TUBING, SET @ 3365'. (+/-)
6. RUN OCD MECHANICAL INTEGRITY TEST.

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

SIGNATURE R.N. Mueller TITLE SR STAFF PRODUCTION ENGINEER DATE 01/10/02

Type or print name R.N. MUELLER Telephone No. 915/683-0555

(This space for State use)

APPROVED BY _____ TITLE _____ DATE JAN 15 2002
Conditions of approval, if any: _____