

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 <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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 Wtr Inj Well	7. Lease Name or Unit Agreement Name Langlie Mattix Penrose Sand Unit Tract 37
2. Name of Operator Anadarko Petroleum Corporation	8. Well No. 1
3. Address of Operator P.O. Box 806 Eunice, NM 88231	9. Pool name or Wildcat Langlie Mattix SR, Qn, GB
4. Well Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line Section 34 Township 22S Range 37E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3424 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 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 checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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. RUPU & perforator truck - Perf 7" csg @ 1250' & 460'.
2. TIH w/ tbq; sting into retainer @ 3447'. Slid down to TD.
3. TOH. TIH w/7" retainer set @ 3279'.
4. Mix & pump 150 SX "C" w/3% salt into perf @ 3557' to 3632'.
5. Pull out dump 50' on top retainer top cement 3229.
6. Mix & pump 14 SX brine gel & 40 Bbl brine wtr.
7. Pull to 2647' pump 150' plug top cement 2497'.
8. TOH. TIH w/7" cement retainer set @ 1104'. Squeeze perf 1250' w/250 SX @ 1800#. Circ out braidenhead, shut valves, circ 25 SX to pit.
9. TOH. Set 10 SX @ surface. Install P & A marker. RDPU.

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

SIGNATURE Gerald Ziebart TITLE Field Foreman DATE 3-4-91
TYPE OR PRINT NAME Gerald Ziebart TELEPHONE NO. 394-3184

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR - 1 1991

CONDITIONS OF APPROVAL, IF ANY:

R N B

8

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name

Langlie Mattix Penrose
Sand Unit

Tract 37

8. Well No.

1

9. Pool name or Wildcat

Langlie Mattix, SR, Qn, GB

4. Well Location

Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line

Section 34

Township 22S

Range 37E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3424 GR

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 TIH w/ tbg. Sting into cement retainer @ 3447'. Pump 150 SX "C" cement. Pull out. Dump 50' on top.
2. Mix & pump 14 SX brine gel.
3. Set 100 SX plug @ base of salt.
4. Perf @ top of salt & squeeze 150 SX cement.
5. Perf base surface pipe 450' & squeeze w/ 100 SX cement.
6. Set 10 SX plug @ surface & P & A marker.
7. RDP.

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

SIGNATURE

Gerald Ziebart

TITLE

Field Foreman

DATE

2-19-91

TYPE OR PRINT NAME

Gerald Ziebart

TELEPHONE NO. 394-3184

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 Water Inj. Well

2. Name of Operator
Anadarko Petroleum Corporation

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

7. Lease Name or Unit Agreement Name
Langlie Mattix Penrose
Sand Unit
Tract 37

8. Well No. 1

9. Pool name or Wildcat
Langlie Mattix SR-QN- GB

4. Well Location
Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line
Section 34 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3424 GR

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. TOH w/ 107 jts 2 3/8" inj tbg & PKR. RU Welex. Set
cement retainer @ 3447'. SI 1-3-91.

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

SIGNATURE Gerald Ziebart TITLE Field Foreman DATE 1-4-91
TYPE OR PRINT NAME Gerald Ziebart TELEPHONE NO. 394-3184

(This space for State Use)

APPROVED BY JOEY SEXTON
SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-85

Operator Anadarko Petroleum Corporation	
Address P. O. Box 2497 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Ownership Effective: AUG 1 1985
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

I. DESCRIPTION OF WELL AND LEASE

Lease Name LMPSU Tract 37	Well No. 1	Pool Name, including Formation Langlie-Mattix SR, Qn, Grbg	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line of Section 34 Township 22S Range 37E, NMPM, Lea County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS WATER INJECTION WELL

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Pge.
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Rob Brandes
(Signature)

Senior Administrative Specialist
(Title)

July 24, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED *AUG 1 1985*, 19
BY *ORIGINAL SIGNED BY JERRY SEXTON*
DISTRICT I SUPERVISOR
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.

RECORDED

AUG 18 1985

REC
MAIL OFFICE