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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Langlie Mattix Penrose Sand Unit
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name Tract No. 36
3. Address of Operator Eunice, New Mexico 88231	9. Well No. 3
4. Location of Well UNIT LETTER G , 2310 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3330 GR	12. County Lea

16. 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"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Temporarily Abandoned <input checked="" type="checkbox"/>

17. 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. Pulled rods and tubing.
2. Placed a swadge and valve in top of 7" csg. Closed Valve.
Temporarily Abandoned

Expires 10/11/75

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

SIGNED *M. J. Ramey* TITLE **Area Supervisor** DATE **10-16-74**

APPROVED BY Joe D. Ramey TITLE Dist. I, Supv. DATE

CONDITIONS OF APPROVAL, IF ANY: