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# NEW MEXICO OIL CONSERVATION COMMISSION

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

**RECEIVED** AUG 21 6 19 11 55

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 <b>Langlie Mattix Penrose Sand Unit</b>
2. Name of Operator <b>Anadarko Production Company</b>		8. Farm or Lease Name <b>36</b>
3. Address of Operator <b>P. O. Box 247 - Hobbs, New Mexico</b>		9. Well No. <b>3</b>
4. Location of Well UNIT LETTER <b>G</b> , <b>2310'</b> FEET FROM THE <b>N</b> LINE AND <b>2310'</b> FEET FROM THE <b>E</b> LINE, SECTION <b>34</b> TOWNSHIP <b>T22S</b> RANGE <b>R37E</b> NMPM.		10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3330' GL</b>		12. County <b>Lea</b>

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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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. Pull rods and tubing.
2. Clean out well to total depth of 3655' using reverse circulation equipment.
3. Fracture treat using 40,000 gallons of slick water with 1-1/2" SPG.

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

SIGNED <u>M. Nelson</u>	TITLE <b>Project Supervisor</b>	DATE <b>8-18-66</b>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		