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NEW MEXICO OIL CONSERVATION COMMISSION

Form O-115
Revisions and
Additions 6-1-75
Effective 1-1-75

Well No.	NM 2A
State	STATE A A/C-1
County	76
Well Name	LANGHE MATTIX
Well Type	LEA

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. Nature of Operator	2. Gas Well	3. Address of Operator
☒ OIL	☐	TEXAS PACIFIC OIL COMPANY, INC
4. Location of Well	5. Elevation (Show whether DF, RT, GR, etc.)	
UNIT LETTER <u>A</u> , <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>14</u> TOWNSHIP <u>23-S</u> RANGE <u>36-E</u>	<u>3399'</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data				
<table border="0"> <tr> <td>NOTICE OF INTENTION TO:</td> <td>SUBSEQUENT REPORT OF:</td> </tr> <tr> <td> PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐ </td> <td> PLUG AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐ </td> </tr> </table>	NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐
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17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, if applicable, for all proposed work) SEE RULE 1103.

Shut in. TA'd in March 1966 due to uneconomical production
This well is in an area where approval has been obtained
to convert three wells to injection service as part of
lease line co-op with Arco's Seven Rivers Queen Unit.
Plan to hold for future use.

Expires 11-1-76

18. I hereby certify that the information above is true and complete to the best of my knowledge.						
<table border="0"> <tr> <td>SIGNED <u>L. Wright</u></td> <td>TITLE <u>Area Supt</u></td> <td>DATE <u>11-2-75</u></td> </tr> <tr> <td>APPROVED BY _____</td> <td>TITLE _____</td> <td>DATE _____</td> </tr> </table>	SIGNED <u>L. Wright</u>	TITLE <u>Area Supt</u>	DATE <u>11-2-75</u>	APPROVED BY _____	TITLE _____	DATE _____
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APPROVED BY _____	TITLE _____	DATE _____				
CONDITIONS OF APPROVAL, IF ANY:						