NO. OF COPIES RECEIVED	:		Form C-103
			Supersedes Old
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103
SANTAFE	NEW MEXICO DIL CONSER	EVALION COMMISSION	Effective 1-1-65
FILE			5a. Indicate Type of Lease
U.S.G.S.			State Fee
LAND OFFICE			5. State Oil & Gas Lease No.
OPERATOR			5. State OII & Gas Lease No.
			mmmmmm
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.)			7, Unit Agreement Name AUCL
OIL GAS WELL OTHER WATER INJECTION WELL			MATTIX PENROSE SAND
2. Name of Operator			8. Farm or Lease Name
ANADARKO PRODUCTION COMPANY			TRACT NO. 15
3. Address of Operator			9. Well No.
			2
P.O. BOX 247, HOROS, NEW MEXICO 88240			10. Field and Pool, or Wildcat
UNIT LETTER P 660 FEET FROM THE SOUTH LINE AND 660 FEET FR			LANGLIE MATTIX
THE EAST LINE, SECTION 22 TOWNSHIP 22 S RANGE 37 E NAME			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
	3333° DF		LEA ()))))
16.	1 Annual of Dee To Indiana No.		Other Date
	k Appropriate Box To Indicate Na	-	
NOTICE OF	FINTENTION TO:	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	TO THE OTTOM
		OTHER COMPLETE FOR	WATER INJECTION X
OTHER		AND COMMENCE	INJECTION
	d Operations (Clearly state all pertinent detail	s and give pertinent dates includ	ing estimated date of starting any proposed
work) SEE RULE 1103.	1 Operations (Creatly state all pertinent detail	s, and give periment dates, merad	ong commerce and c) observing any proposition
1 010 40 401	L SERVICING UNIT.		
		TTH JOHNSTON	
2. RUN 2-3/8" PLASTIC LINED TUBING WITH JOHNSTON			
MODEL 101-S TENSION PACKER.			
3. SET PACKER IN CASING AT 3432.			
4. RIG DOWN WELL SERVICING UNIT.			
5. INSTALL INJECTION WELLHEAD CONNECTIONS.			
6. PLACE WELL ON INJECTION EFFECTIVE 1/23/70 UNDER			
OIL CONSERVATION COMMISSION ORDER NO. WFX-333.			

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

SIGNED TITLE DISTRICT SUPERINTENDENT
DATE 2/12/70

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: