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LAND OFFICE	
OPERATOR	

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 Fee

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 GAS WELL OTHER- **Water Injection Well**

2. Name of Operator
ANADARKO PRODUCTION COMPANY

3. Address of Operator
P. O. Box 247, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **B** **990** FEET FROM THE **North** LINE AND **1650** FEET FROM
THE **East** LINE, SECTION **28** TOWNSHIP **22 S** RANGE **37 E** NMPM.

7. Unit Agreement Name **Langlie Mattix Penrose Sand Unit**

8. Farm or Lease Name
Tract No. 25

9. Well No.
3

10. Field and Pool, or Wildcat
Langlie Mattix

15. Elevation (Show whether DF, RT, GR, etc.)
3348' GR - 3356' RKB

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER _____

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPS.
CASING TEST AND CEMENT JOB
OTHER _____

ALTERING CASING
PLUG AND ABANDONMENT

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. 4-1/2" casing pressure tested to 1500 psi for 30 minutes without loss of pressure.
2. Rigged up to perforate. Go perforated from 3546' to 3654' with 80 holes.
3. Acidized perforations with 1000 gal. 13% reg. acid.
4. Rigged up well servicing unit, ran 3503' of 2-3/8" plastic lined tubing with Johnston model 101-S packer. Set packer at 3507'.
5. Well is ready for injection.

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

SIGNED District Superintendent TITLE 700-220000 DATE 1-10-70

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: