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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.
7. Unit Agreement Name LANGLIE
8. Farm or Lease Name MATTIX PENROSE SAND
9. Well No. TRACT NO. 17
10. Field and Pool, or Wildcat 1
11. County LANGLIE MATTIX
12. County 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 D , 990 FEET FROM THE WEST LINE AND 840 FEET FROM THE NORTH LINE, SECTION 26 TOWNSHIP 22 S RANGE 37 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3334' DF

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 OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **COMPLETE FOR WATER INJECTION AND COMMENCE INJECTION** ☒

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. RIG UP WELL SERVICING UNIT.
2. RUN 2-3/8" PLASTIC LINED TUBING WITH JOHNSTON MODEL 101-S TENSION PACKER.
3. SET PACKER IN CASING AT 3469'.
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. WEX-333.

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

SIGNED *W. F. Nelson* TITLE DISTRICT SUPERINTENDENT DATE 2/12/70
APPROVED BY *W. F. Nelson* TITLE SUPERVISOR DISTRICT DATE _____
CONDITIONS OF APPROVAL, IF ANY: