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U.S.G.S.	
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 <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"/>
2. Name of Operator Anadarko Production Company
3. Address of Operator P. O. Box 806, Eunice, New Mexico 88231
4. Location of Well UNIT LETTER <u>C</u> <u>850</u> FEET FROM THE <u>North</u> LINE AND <u>2200</u> FEET FROM THE <u>West</u> LINE, SECTION <u>28</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.

7. Unit Agreement Name Langlie Mattix Penrose Sand Unit
8. Farm or Lease Name Tract No. 27
9. Well No. 2
10. Field and Pool, or Wildcat Langlie Mattix

15. Elevation (Show whether DF, RT, GR, etc.) 3351' GR-3362' DF
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12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input 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 JCB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <u>Bring csg. valves to ground level.</u> <input checked="" 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.

- Cellars were dug out for casing pressure checks.
- Connections were added to the surface casing and valves were raised to ground level.

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

SIGNED [Signature] TITLE Area Supervisor DATE 3-18-75

APPROVED BY [Signature] TITLE DATE

CONDITION OF APPROVAL, IF ANY: