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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input checked="" type="checkbox"/> Water Injection Well
Name of Operator Anadarko Production Company		
Address of Operator P. O. Box 806, Eunice, New Mexico 88231		
Location of Well UNIT LETTER <u>M</u> <u>1220</u> FEET FROM THE <u>South</u> LINE AND <u>1220</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>22S</u> RANGE <u>37H</u> NMPM.		

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 Mattix Penrose Sand Unit
8. Farm or Lease Name Tract No. 1
9. Well No. 2
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

15. Elevation (Show whether DF, RT, GR, etc.) 3343' GL - 3353' RKB

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Bring Csg. Valves to ground level

7. 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.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Nathan E. Clegg</u>	TITLE <u>Area Supervisor</u>	DATE <u>3-17-75</u>
APPROVED BY <u>Nathan E. Clegg</u>	TITLE <u>SL</u>	DATE <u>SL</u>
CONDITIONS OF APPROVAL, IF ANY:		