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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 <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name MeTex Supply "A"
9. Well No. 2
10. Field and Pool, or Wildcat 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 ☐ GAS WELL ☐ OTHER-

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 E 660 FEET FROM THE West LINE AND 1940 FEET FROM
THE North LINE, SECTION 35 TOWNSHIP 22S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3318 GL

16. 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 JOB <input type="checkbox"/>	Shut In <input checked="" type="checkbox"/>
		OTHER <input 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.

- Pulled rods and tubing.
- Installed swadge and valve in casing. Shutwell in.
Note: This well is shut in and to be used as an observation well in determining average reservoir pressure.

Expires 1/1/76

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

SIGNED Arb Anderson TITLE Area Supervisor DATE 1-20-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: