

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Mineral and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER ☒ <u>DUAL STEAM - OIL</u>	WELL API NO. <u>30-025-26545</u>
2. Name of Operator <u>ANADARKO Petroleum Corporation 000817</u>	5. Indicate Type of Lease STATE ☐ FEE ☒
3. Address of Operator <u>P.O. Box 37 Loco Hills, NM 88255</u>	6. State Oil & Gas Lease No. <u>N-A</u>
4. Well Location Uplift Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>18</u> Township <u>22S</u> Range <u>30E</u> NMPM <u>LEA</u> County <u></u>	7. Lease Name or Unit Agreement Name <u>Langley GRiffin</u>
10. Elevation (Show whether DF, RKB, RT, GA, etc.) <u>3488.4 GR</u>	8. Well No. <u>1</u>
	9. Pool name or Wildcat <u>37690</u> <u>Langley STADION</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: <u>REPAIR CASING LEAK</u> ☐		OTHER: <u></u> ☐	

12. 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 Continue work Filed 4-30-98 Squeeze Job didn't hold
② See Attached Procedure.

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

SIGNATURE Bill Winkler TITLE Field Engineer DATE 6-12-98
TYPE OR PRINT NAME Bill Winkler TELEPHONE NO. 505-617-2411

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK

APPROVED BY FIELD REP. II DATE JUN 15 1998

CONDITIONS OF APPROVAL, IF ANY:



JUN 1998
Received
Hobbs
OCD