

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-26881

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ARCO Permian

8. Well No.

3

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat

LANGLIE MATTIX SRQ

4. Well Location

Unit Letter P : 660 Feet From The S Line and 1980 Feet From The E Line

Section 1 Township 24S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3344.6' GL

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: TA LANGLEIE MATTIX ☒

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.

TD: 3750' PBD: 3740' PERFS: 3396-3636'

05/06/92: SET CIBP @ 3367' AND TA 05/07/92.

06/17/97: RU KILL TRUCK. PRESS TEST CIBP TO 520# FOR 30 MINS, HELD OK. CHART ATTACHED

06/20/97: RU WIRELINE. RIH AND DUMP 35' CMT ON CIBP. ABANDONED LANGLEIE MATTIX SRQ GRBG

This Approval of Temporary
Abandonment Expires 7/7/2002

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

SIGNATURE

Kellie D. Murrish

TITLE ADMINISTRATIVE ASSISTANT

DATE 06/26/97

TYPE OR PRINT NAME KELLIE D. MURRISH

TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: