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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 31 12 17 PM '68

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- <del>XXX</del>	7. Unit Agreement Name <b>Langlie Mattix Woolworth Unit</b>
2. Name of Operator <b>Amerada Petroleum Corporation</b>	8. Farm or Lease Name
3. Address of Operator <b>P. O. box 668 - Hobbs, New Mexico 88240</b>	9. Well No. <b>502</b>
4. Location of Well UNIT LETTER <b>E</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>27</b> TOWNSHIP <b>24-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3195' GR</b>	12. County <b>Lea</b>

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

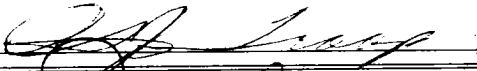
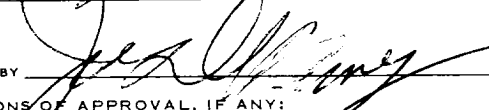
REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Deepen well to include more of Penrose section. Pull production equipment. Clean out and deepen from 3549' to 3600'. Acidize with 500 gals. 15% NE acid. Run production equipment and resume production.

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

SIGNED 	TITLE <b>Asst. Dist. Supt.</b>	DATE <b>10-29-68</b>
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		