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NEW MEXICO OIL CONSERVATION COMMISSION E. C. C.

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

JUN 23 2 20 PM '67

5a. Indicate Type of Lease

State ☐ Fee ☒

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER - Injection Well	7. Unit Agreement Name Langlie Mattix Woolworth Unit Tract 6
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	9. Well No. 4
4. Location of Well UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 24S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3188 GR	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

REMEDIAL WORK ☒

ALTERING CASING ☐

PULL OR ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

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 tubing and packer. Cleaned out from 3402' to 3500'. Drld. 4-3/4" hole and deepened well from 3500' to 3527'. Ran Gamma Ray Neutron log from 3520' to 2500'. Ran tubing and Lynes packer. Acidized OH from 3507' to 3527' with 1000 gals. 15% FE acid. Puled tubing & packer. Ran tubing with Totem packer and resumed injecting water.

No change in classification of well.

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

SIGNED B. J. [Signature]

TITLE District Superintendent

DATE 6-28-67

APPROVED BY [Signature]

TITLE _____

DATE _____

CONDITIONS OF APPROVAL IF ANY: