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# 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.	

## 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 <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Amerada Petroleum Corporation		9. Well No.
3. Address of Operator		702
P. O. Box 668 - Hobbs, New Mexico		10. Field and Pool, or Wildcat
4. Location of Well		Langlie Mattix
UNIT LETTER <u>G</u> , 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>27</u> TOWNSHIP <u>24-N</u> RANGE <u>37-E</u> NMMP.		
15. Elevation (Show whether OF, RT, GR, etc.)		12. County
3237' OF		Lea

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input 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.

Set pumping unit and engine. Started well pumping at 2:00 PM October 1, 1968. Producing status changed from temporarily abandoned to pumping oil well effective October 1, 1968.

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

SIGNED W. H. Henderson TITLE Asst. Dist. Supt. DATE 10-2-68  
APPROVED BY Joe O. Hines TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: