

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER- <u>Injection Well</u>	7. Unit Agreement Name <u>Langlie Mattix Woolworth Unit</u>
2. Name of Operator <u>Amerada Hess Corporation</u>	8. Farm or Lease Name
3. Address of Operator <u>Drawer D, Monument, New Mexico 88265</u>	9. Well No. <u>703</u>
4. Location of Well UNIT 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>27</u> TOWNSHIP <u>24S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat <u>Langlie Mattix-SR-Qw-G-8</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3221' DF</u>	12. County <u>Lea</u>

1b. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> TA'd

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.

12-14-88

*bradenhead*  
Closed all valves & TA'd well. Last ~~pressure~~ test conducted 10-11-88.

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

SIGNED R. L. Whelan, Jr. *SW* TITLE Supv Adm Svc DATE 12-20-88

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 23 1988  
CONDITIONS OF APPROVAL, IF ANY: 12-23-88