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NEW MEXICO OIL CONSERVATION COMMISSION

MAY 5 8 54 AM '69

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.
7. Unit Agreement Name <b>Langlie Mattix Woolworth Unit</b>
8. Farm or Lease Name
9. Well No. <b>305</b>
10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
12. County <b>Lea</b>

**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"/>	2. Name of Operator <b>Amerada Petroleum Corporation</b>	3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>	4. Location of Well UNIT LETTER <b>G</b> , <b>1650</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>28</b> TOWNSHIP <b>24S</b> RANGE <b>37E</b> NMPM.	15. Elevation (Show whether DF, RT, GR, etc.) <b>3240' DF 3235' GL</b>
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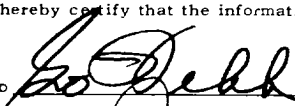

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 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.

**Cleaned out to 3546'. Deepened from 3546' to 3695'. Ran GR-N log, acidized OH with 1000 gals. 15% NE acid. Ran production equipment and resumed production.**

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

SIGNED 	TITLE <b>District Superintendent</b>	DATE <b>May 2, 1969</b>
APPROVED BY 	TITLE	DATE <b>MAY 5 1969</b>
CONDITIONS OF APPROVAL, IF ANY:		