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# NEW MEXICO OIL CONSERVATION COMMISSION

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

NOV 21 11 59 AM '68

5. 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>306</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"/> <b>Langlie Mattix Woolworth Unit</b>
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>O</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>28</b> TOWNSHIP <b>24-S</b> RANGE <b>37-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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:


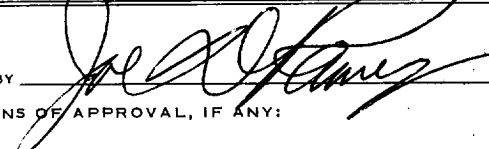
REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
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 production equipment. Cleaned out and deepened from 3549' to 3680'. Ran GR-N log. Acidized with 500 gals. 15% NE acid. Ran production equipment and resumed production. No change in producing status.**

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

SIGNED  TITLE **District Superintendent** DATE **11-19-68**  
APPROVED BY  TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_