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NEW MEXICO OIL CONSERVATION COMMISSION.

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

Oct 31 12 43 PM '68

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 checked="" type="checkbox"/>		7. Unit Agreement Name <b>Langlie Mattix Woolworth Unit</b>
2. Name of Operator <b>Amerada Petroleum Corporation</b>		8. Farm or Lease Name
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico 88240</b>		9. Well No. <b>306</b>
4. Location of Well UNIT LETTER <b>0</b> <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM <b>East</b> LINE, SECTION <b>28</b> TOWNSHIP <b>24-S</b> RANGE <b>37-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <b>Lea</b>

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:

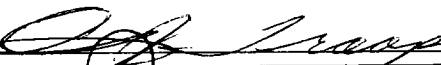
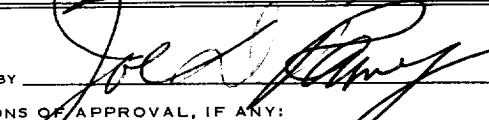
REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

**Deepen well to include Penrose section. Full production equipment. Clean out and deepen to 3860'. Run GR-M log and acidize with 500 gala. 15% NE acid. Run production equipment and resume production.**

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

SIGNED 	TITLE <b>Asst. Dist. Supt.</b>	DATE <b>10-29-68</b>
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		