

RIBUTION		
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ATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

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 Langlie Mattix Woolworth Unit	
8. Farm or Lease Name	
9. Well No. 102	
10. Field and Pool, or Wildcat Langlie Mattix	
12. County Lea	

## 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Amerada Hess Corporation

Address of Operator

Drawer D, Monument, New Mexico 88265

Location of Well

UNIT LETTER D 330 FEET FROM THE North LINE AND 990 FEET FROM  
THE West LINE, SECTION 28 TOWNSHIP 24-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, CR, etc.)

3261' DF

12. County

Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

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

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER Casing leak survey ☒

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.

In preparation for the csg. leak survey, the braden heads (surface, intermediate, production) have all been dug out and risers installed to bring them to ground level. New Mexico Oil Conservation Commission Inspector Nathan Clegg has inspected the risers and approved them 8-1-77.

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

SIGNED

*David Hays*

TITLE

Prod. Tech.

DATE

8-4-77

APPROVED BY

*Nathan Clegg*  
OIL & GAS INSP.

TITLE

DATE

**AUG 11 1977**

CONDITIONS OF APPROVAL, IF ANY: