NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

.ı 7

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

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.)

7. Unit Agreement Name

Langlie Mattix Woolworth Unit Tract 1

1.
OIL WELL ☒   GAS WELL ☐   OTHER-

8. Farm or Lease Name

2. Name of Operator

Amerada Petroleum Corporation

9. Well No.

2

3. Address of Operator

P.O. Box 668 - Hobbs, New Mexico

10. Field and Pool, or Wildcat

Langlie Mattix

4. Location of Well

UNIT LETTER **D**, **330** FEET FROM THE **North** LINE AND **990** FEET FROM

THE **West** LINE, SECTION **28** TOWNSHIP **24S** RANGE **37E** NMPM.

12. County

Lea

15. Elevation *(Show whether DF, RT, GR, etc.)*

3261' DF

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 ☐

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.

Plan to pull rods, pump and tubing. Run 2-7/8" tubing and packer and set packer at 3300'. Frac open hole 3352' to 3595' with 15,000 gals. gelled Santa Rosa water and 15,000# 10-20 sand using moth balls and rock salt as blocking agents. Pull tubing and packer. Run 2-3/8" tubing and wash out to TD. Run rods & pump 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 **District Superintendent** DATE **5-15-67**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: