NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	-	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATIONE COMMOS ON	Effective 1-1-65
FILE		
U.S.G.S.	Apr 15 11 34 NM '66	5a. Indicate Type of Lease
LAND OFFICE	APR 10 11 34 147 45	State 🔄 🛛 Fiee, 🔏
OPERATOR		5. State Oil & Gas Lease No.
SUNDA (DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS ON WELLS NOPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS WELL WELL	OTHER- T.A. Langlie Mattix	7, Unit Agreement Name Woolworth Unit Tract 1
2. Name of Operator		8. Farm or Lease Name
Amerada	Petroleum Corporation	
3. Address of Operator		9. Well No.
P. O. Box 668 - Hobbs, New Mexico		3
4. Location of Well		10. Field and Pool, or Wildoat
UNIT LETTER	1650FEET FROM THE NorthLINE AND 2310FE	ET FROM Langlie Mattix
THE West LINE, SECT	TION 28 TOWNSHIP 24S RANGE 37E	- NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3240 DR		
		12. County
	3240' DF	Lea
Check	3240' DF Appropriate Box To Indicate Nature of Notice, Report	or Other Data
Check	3240' DF Appropriate Box To Indicate Nature of Notice, Report	Lea
Check	3240' DF Appropriate Box To Indicate Nature of Notice, Report	or Other Data
	3240' DF Appropriate Box To Indicate Nature of Notice, Report INTENTION TO: SUBSEC	or Other Data QUENT REPORT OF:
	3240' DF Appropriate Box To Indicate Nature of Notice, Report INTENTION TO: PLUG AND ABANDON REMEDIAL WORK	OF Other Data QUENT REPORT OF:
Check NOTICE OF I	Appropriate Box To Indicate Nature of Notice, Report INTENTION TO: PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	Les or Other Data QUENT REPORT OF: Altering casing Plug and Abandonment

17. Describe imposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

FOR RECORD ONLY: To advise this well is still closed in and temporarily abandoned with no other plans at this time.

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

A.C.C.a. Spe SIGNED

TITLE District Superintendent DATE 4-14-66

DATE ___

APPROVED BY

TITLE ___

CONDITIONS OF APPROVAL, IF ANY: