NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	3.5	
U.S.G.S.	49 (1) 1 <b>50</b> (2) 18	5a. Indicate Type of Lease
LAND OFFICE		State Fee.
OPERATOR		5. State Oil & Gas Lease No.
SUNDE	DV NOTICES AND DEPORTS ON WELLS	anamanah
(DO NOT USE THIS FORM FOR PR USE "APPLICAT	RY NOTICES AND REPORTS ON WELLS  OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  TION FOR PERMIT — " (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL WELL	OTHER. Injection Well Lengt	ie Mettix Woolworth Unit
2. Name of Operator		8. Farm or Lease Name
Amerada Petroleum Cor	poration	
3. Address of Operator  P. O. Box 668 - Hobbs	Yew Merico	9. Well No. <b>202</b>
4. Location of Well	) were therefore	10. Field and Pool, or Wildcat
	2310 West 990	Langlie Mattix
UNIT LETTER Nouth	2310 FEET FROM THE West LINE AND 990	T FROM
	TOWNSHIP 24-8 RANGE 37-E	
THE LINE, SECT!	ON TOWNSHIP RANGE	_NMPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3247' DF	Lea
16. Check	Appropriate Box To Indicate Nature of Notice, Report	or Other Data
		QUENT REPORT OF:
		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
17, Describe Proposed or Completed O	perations (Clearly state all pertinent details, and give pertinent dates, inc	cluding estimated date of starting any proposed
work) SEE RULE 1103.		
Deepened well from 35	87' to 3722'. Ran Gamma Ray-Neutron Log. A	cidized w/500 gals.
	ing and packer and started injecting water l	
status changed from T.	A to water injecting well effective 10-10-68	<b>3.</b>
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
1.10×1 / /		
///////////////////////////////////////		40.44.75
SIGNED Menules	TITLE Asst. Dist. Supt.	DATE 10-11-68
SIGNED Whales	TITLE Asst. Dist. Supt.	
Joan	TITLE Asst. Dist. Supt.	DATE 10-11-68
APPROVED BY	TITLE Asst. Dist. Supt.	
Joan	TITLE Asst. Dist. Supt.	· Alta