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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

AUG 4 1 12 PM '67

Form C-103  
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.	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>Amerada Petroleum Corporation</b>		8. Farm or Lease Name <b>Langlie Mattix Woolworth Unit Tract 2</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>		9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>XN</b> . <b>2310</b> FEET FROM THE <b>West</b> LINE AND <b>990</b> FEET FROM THE <b>South</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.) <b>3247' DF</b>		12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

**Close all valves and temporarily abandon effective 8-1-67.**

**Well no longer economical to produce.**

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

SIGNED B. D. Siny TITLE District Superintendent DATE 8-3-67  
APPROVED BY [Signature] TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY: