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NEW MEXICO OIL CONSERVATION COMMISSION

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- TA		7. Unit Agreement Name
		Langlie Mattix Woolworth Unit
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		802
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER F , 2310 FEET FROM THE North LINE AND 2310 FEET FROM		Langlie Mattix
THE West LINE, SECTION 33 TOWNSHIP 24-S RANGE 37-E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3253' GR		Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

Cleaned out and deepened from 3550' to 3720'. Ran GR-N log. Acidized with 500 gallons 15% NE acid. Ran tubing, and tension packer, installed wellhead and started injecting wtr. Well status changed from TA to an injection well effective 12-22-68.

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

SIGNED  TITLE **Dist. Superintendent**

DATE **12-23-68**

APPROVED BY 
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____