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LAND OFFICE	
OPERATOR	

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


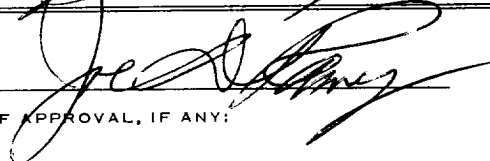
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- T. A.	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Amerada Petroleum Corporation	Langlie Mattix Woolworth Unit
3. Address of Operator	9. Well No.
P. O. Box 668 - Hobbs, New Mexico 88240	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 24-8 , 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.
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**Expand the L. M. W. U. Waterflood by converting L. M. W. U. 802 to injection well:
Clean out, deepen from 3550' to 3720', run GR-N log, acidize w/500 gals. 15%
NE acid, run tubing, tension packer, install wellhead equipment. Initiate injection.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE Asst. Dist. Supt.	DATE 10-29-68
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		