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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name Langlie Mattix Woolworth Unit	
2. Name of Operator Ameraga Petroleum Corporation		8. Farm or Lease Name 7, 8	
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		9. Well No. 8-2	
4. Location of Well UNIT LETTER F , 2310 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 24S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix	
15. Elevation (Show whether DF, RT, GR, etc.) 3253' GR		12. County 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 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 Temporarily abandon <input checked="" 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.

Shut down pumping unit and temporarily abandoned effective 5-25-65.

Well is 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 *D. C. Campbell* TITLE **District Superintendent** DATE **May 26, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: