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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SEP 27 11 43 AM '66

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 Langlie Mattix Woolworth Unit Tract 11
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 24S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3204' GR	12. County 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 type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER To convert to water injection well <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Plan to pull rods, pump and tubing. Drill out from 3538' to 3649'. Run Gamma Ray Neutron log from 2149' to 3649'. Run 2-3/8" OD tubing set open ended at 3625' with tension type packer at 3325'. Treat OH with 500 gals. 15% FE acid. Reset packer at 3000', install necessary well head equipment and begin injection of water. Well to be converted to water injection well as per Order WFX No. 238.

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

SIGNED B. J. King TITLE District Superintendent DATE 9-19-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: