NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE	4		5a. Indicate Type of Lease
U.S.G.S.	-	in the factor of the second of	State Fee K
LAND OFFICE OPERATOR	-		5. State Oil & Gas Lease No.
OPERATOR			
SLINDI	DV NOTICES AND DEPORTS ON	WELLS	
OD NOT USE THIS FORM FOR PO USE **APPLICA	RY NOTICES AND REPORTS ON OPOSALS TO DRILL OR TO DEEPEN OR PLUG BETTON FOR PERMIT -" (FORM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)	
1.			7. Unit Agreement Name
OIL A GAS WELL WELL	OTHER+	Langlie Ma	ttix Woolworth Unit
2. Name of Operator	. •		8. Farm or Lease Name
Amerada Petroleum Co	prporation		<u> </u>
3. Address of Operator	ha Wana Maruda -		9. Well No.
P. O. Box 668 - Hobi	os, New Mexico		112
4. Location of Well	1990 Couth	660	· · · · · · · · · · · · · · · · · · ·
UNIT LETTER,	1980 FEET FROM THE South	LINE AND FEET FROM	Langlie Mattix
THE LINE, SECT	33 24_6	37_F	
THE LINE, SECT	10N TOWNSHIP 24-8	RANGE NMPM	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3210'		Lea
16. Check	Appropriate Box To Indicate N		· · · · · · · · · · · · · · · · · · ·
	NTENTION TO:		T REPORT OF:
1101102 01 1	WILLIAM FO.	3010140111	THE ONL OIL
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	-
		OTHER	
OTHER			
			g estimated date of starting any proposed
work) SEE RULE 1103.	sperations (Clearly state att pertment der	itis, and give periment dates, including	g estimated date of starting any proposed
Pulled production on	dament Classed out and	deeponed from 25201 to	26251 Per CD W 1co
Latter broadcrion edu	ipment. Cleaned out and	deshaued tiom 3030, fo	JOJD'. KMR GK-N LOG.
Acidized with 500 cm	llons 15% NE acid. Ran p	rodustion omitment and	vocumed sunduction
Wordsan with 300 gas	tions 13% Ms acts. Kan b	rooterion edarbment and	resumed production.
No change in producis	ar etstus		
no change in broader	m status.		
18. I hereby certify that the information	n above is true and complete to the best	of my knowledge and belief.	
SIGNED ONE	UTTLE D14	trict Superintendent	12-17-68
\vee	11/10/		676 6 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
APPROVED BY	Melmed TITLE		QATE
CONDITIONS OF APPROVAL, IF AN			-
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