| DISTRIBUTION | | superpedan Old |
|---|--|---|
| ANTA FE | | Supersedes Old C-102 and C-103 |
| ILE | NEW (ICO OIL CONSERVATION COMMISSION | Effective 1-1-65 |
| J.S.G.S. | | Eq. Indiante Truns of Lenne |
| AND OFFICE | | 5a. Indicate Type of Lease |
| PERATOR | | State Fee X |
| | | 5. State Oil & Gas Lease No. |
| SUN | | |
| (DO NOT USE THIS FORM FOR USE "APPL | NDRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ICATION FOR PERMIT | |
| OIL GAS WELL | OTHER. Injection | 2. Unit Agreement Name Langlie Mattix Woolworth Unit |
| Name of Operator | ······································ | 8. Farm or Lease Name |
| Amerada Hess | Corporation | |
| Address of Operator | | 9. Well No. |
| Drawer D, Mon | 113 | |
| Location of Well | 10. Field and Pool, or Wildcat | |
| UNIT LETTER P | 330 FEET FROM THE East LINE AND 660 FEET FR | Langlie Mattix |
| | | |
| THE South LINE, SE | ECTION 33 TOWNSHIP 24-S RANGE 37-E NM | •m. (())))))))))))))))))))))))))))))))))) |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | |
| | 15. Elevation (Show whether DF, KT, GK, etc.) | 12. County |
| | ck, Appropriate Box To Indicate Nature of Notice, Report or (| Lea |
| · PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | NT REPORT OF: Altering casing Plug and abandonment |
| ULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOB OTHER CASING leak s | urvey X |
| OTHER | | urvey X |
| | | |
| oTHER 7. Describe Proposed or Complete work) SEE RULE 1103. In preparation for t have all been dug ou Conservation Commiss | OTHER <u>Casing leak s</u> other <u>Casing leak s</u> d Operations (Clearly state all pertinent details, and give pertinent dates, includ the csg. leak survey, the braden heads (surface, it and risers installed to bring them to ground 1 sion Inspector <u>Eddie Seav</u> has ins | ing estimated date of starting any propose intermediate, production) |
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| IGNED_NavidHayhs | TITLE _ | Prod. Tech. | DATE 8-4-77 |
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| PPROVED BY Edde Some | TITLE | OIL & GAS INSPECTOR | AUG 1 U 19/ / |
| ONDITIONS OF APPROVAL, IF ANY: | | · · · · · · · · · · · · · · · · · · · | |

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