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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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>T.A.</b>	7. Unit Agreement Name <b>Langlie Mattix Woolworth Unit Tract 12</b>
2. Name of Operator <b>Amerada Petroleum Corporation</b>	8. Farm or Lease Name
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>H</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>34</b> TOWNSHIP <b>24-S</b> RANGE <b>37-E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3195' DF</b>	12. County <b>Lea</b>

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☒ **T.A.**

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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 1703.

**FOR RECORD ONLY: This well is temporarily abandoned with no other plans at this time.**

THE RECORDS OF THE NEW MEXICO OIL CONSERVATION COMMISSION  
EVERY 100 FEET OF THE STATE OF NEW MEXICO  
ARE NOW BEING RECORDED IN THE PUBLIC STATE  
RECORDS OF THE NEW MEXICO OIL CONSERVATION COMMISSION

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 6-1-67

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: