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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

JUL 19 10 57 AM '67

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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

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 Water Injection Well		Langlie Mattix Woolworth Unit Tract 12	
2. Name of Operator		8. Farm or Lease Name	
Amerada Petroleum Corporation			
3. Address of Operator		9. Well No.	
P. O. Box 668 - Hobbs, New Mexico		5	
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTER B , 660 FEET FROM THE North LINE AND 1980 FEET FROM		Langlie Mattix	
THE East LINE, SECTION 34 TOWNSHIP 24-S RANGE 37-E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)		12. County	
3206' DF		Lea	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER **Convert to Water Injection** ☒

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 1103.

Pulled rods, pump and tubing. Ran bit and wash pipe and cleaned junk out of hole. Hit bottom at 3529'. Ran 7" x 2" Baker Model AD tension packer and tubing. Set tubing at 3123' with tension packer set at 3126' with 11,000# tension. Started injecting water at 11:00 AM 7-17-67.

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

SIGNED [Signature] TITLE District Superintendent DATE 7-18-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: