

NEW MEXICO OIL CONSERVATION COMMISSION

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OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Langlie Mattix Woolworth Unit Tract 12
2. Name of Operator Amerada Petroleum Corporation	7. Unit Agreement Name
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	8. Farm or Lease Name
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>24S</u> RANGE <u>37E</u> NMPM.	9. Well No. <u>5</u>
	10. Field and Pool, or Wildcat <u>Langlie Mattix</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3206' DF</u>	12. County <u>Lea</u>

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>To convert to water injection well</u> <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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. Run junk mill and clean out to 3526'. Run 2-3/8" OD tubing set open ended at 3200' with tension type packer at 2900'. 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. D. Lins TITLE District Superintendent DATE 9-19-66

APPROVED BY [Signature] TITLE [Signature] DATE 10-6-66

CONDITIONS OF APPROVAL, IF ANY: