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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- XXXX		7. Unit Agreement Name Langlie Mattix Woolworth Unit
2. Name of Operator Amerada Petroleum Corporation		8. Farm or Lease Name
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico 88240		9. Well No. 163
4. Location of Well UNIT LETTER M , 990 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 24-8 RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3173' DF		12. County Lea

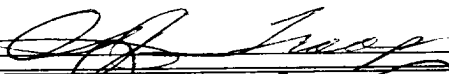
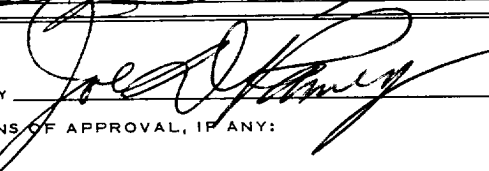
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Deepen well to include Penrose section. Pull production equipment. Clean out to 3493' and deepen from 3493' to 3565'. Run GR-N log and acidize with 500 gals. 15% NE acid. Run production equipment and resume production.

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

SIGNED 	TITLE Asst. Dist. Supt.	DATE 10-29-68
APPROVED BY 	TITLE Superintendent	DATE NOV 1 1968
CONDITIONS OF APPROVAL, IF ANY:		