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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

AUG 10 1 15 PM '66

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 <input type="checkbox"/>		7. Unit Agreement Name Langlie Mattix Woolworth Unit Tract 12	
2. Name of Operator Amerada Petroleum Corporation		8. Farm or Lease Name	
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico		9. Well No. 6	
4. Location of Well UNIT LETTER C , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 24S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix	
15. Elevation (Show whether DF, RT, GR, etc.) 3179 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 JOBS <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. Drill out with air equipment from 3500' to 3524'. Run Gamma Ray Neutron log from 2024' to 3524'. Run 2-3/8" tubing set at 3500'. Acidize OH with 500 gals. 15% NE acid and swab back. Run rods & pump and resume production.

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

SIGNED <u><i>Asst. Dist. Supt.</i></u>	TITLE Asst. Dist. Supt.	DATE 8-17-66
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		