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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"/>	Fed. <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
060943	

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
El Paso Natural Gas Company		Langlie Federal
3. Address of Operator		9. Well No.
P. O. Box 1384 - Jal, New Mexico 88252		1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>14</u> TOWNSHIP <u>25 S</u> RANGE <u>37 E</u> NMPM.		Langlie Mattix-Queens
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3110 GR.		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 Casing leak survey ☒

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.

Cellars were uncovered and bradenheads piped to surface with valves. 8-10-77 pressures were taken and witnessed by NMOCC.

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

SIGNED Jerry L. Sparks TITLE Production Supervisor DATE August 24, 1977

APPROVED BY Eddie Swaney TITLE OIL & GAS INSPECTOR DATE AUG 26 1977

CONDITIONS OF APPROVAL, IF ANY: