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NEW MEXICO OIL CONSERVATION COMMISSION

Oct 13 7 35 AM '65

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>T.A.</b>		7. Unit Agreement Name <b>Langlie Mattix Woolworth Unit Tract 10</b>	
2. Name of Operator <b>Amerada Petroleum Corporation</b>		8. Farm or Lease Name	
3. Address of Operator <b>P.O. Box 668 - Hobbs, New Mexico</b>		9. Well No. <b>2</b>	
4. Location of Well UNIT LETTER <b>M</b> , <b>990</b> FEET FROM THE <b>South</b> LINE AND <b>990</b> FEET FROM THE <b>West</b> LINE, SECTION <b>33</b> TOWNSHIP <b>24S</b> RANGE <b>37E</b> NMPM.		10. Field and Pool, or Wildcat <b>Langlie Mattix</b>	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3257' DF</b>		12. County <b>Lea</b>	

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"/>	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"/>	
		OTHER <b>T.A.</b>	<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.

**FOR RECORD ONLY: To advise this well is still closed in and temporarily abandoned with no other plans at this time.**

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 10-11-65

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: