NO. OF COPIES RECEIVED			Form C-103 Supersedes Old	
DISTRIBUTION			C-102 and C-103	
SANTA FE	NEW MEXICO OIL CONȘ	RVATION COMMISSION	Effective 1-1-65	
FILE	$J \dot{U}_i$	121 11 08 11 167	5a. Indicate Type of Lease	
U.S.G.S.		- 11 08 M 167	State Fee X	
LAND OFFICE		31	5. State Cil & Gas Lease No.	
OPERATOR	1		3, State Off & Gds Bedse No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)				
1.			7. Unit Agreement Name	
WELL WELL	OTHER-	Langlie Mattix Woolw	orth Unit Water Supply 8. Form or Lease Name	
2. Name of Operator	O and another		3.1 2.1 3. 2 2 3 5 1 3 1 3	
Amerada Petrole 3. Address of Operator	um Corporation		9. Well No.	
·	Hobbs New Merrico		1	
4. Location of Well	Hobbs, New Mexico		10. Field and Pool, or Wildcat	
v 6	60 FEET FROM THE West	1300	Langlie Mattix	
UNIT LETTER	FEET FROM THE	LINE AND FEET FROM		
South	ON TOWNSHIF 24-S	BANGE 37-E NMPM		
THE LINE, SECTI	on Township	RANGE RANGE		
	15. Elevation (Show whether D	OF, RT, GR, etc.)	12. County	
			Lea	
16. Check	Appropriate Box To Indicate Na	ature of Notice. Report or Ot	her Data	
	NTENTION TO:		T REPORT OF:	
NOTICE OF II	TENTION TO.	5555		
PERFORM RÉMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
		COMMENCE DRILLING OFNS.	PLUG AND ABANDONMENT	
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		
POLE OR ACTER CASING		OTHER		
OTHER				
17. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertinent detai	its, and give pertinent dates, including	g estimated date of starting dny proposed	
,				
Plan to clean o	out and put well on produc	ction.		
	•			
		HAME CH	Ang?	
		AMERADA	ASIERADA - DROLD um copr.	
		TO AMERI	ADA HESS CORP.	
		FFFECTIVE	E Iuly 1, 1969	
18. I hereby certify that the informatio	- the same in terms and a semilar to the best of	if my knowledge and helief		
	n above is true and complete to the best o	f my knowledge and belief.		
٠			7 01 47	
SIGNED		f my knowledge and belief. District Superintendent		
SIGNED				
SIGNED TO THE STATE OF THE STAT				
APPROVED BY				
APPROVED BY CONDITIONS OF APPROVAL, IF AN	TITLE TITLE			