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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 ☐ Fee ☒

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- Drilling	7. Unit Agreement Name Langlie Mattix Woolworth Unit
2. Name of Operator Amerada Hess Corporation	8. Farm or Lease Name
3. Address of Operator P. O. Box 1920 - Hobbs, New Mexico 88240	9. Well No. 104
4. Location of Well UNIT LETTER E , 1700 FEET FROM THE north LINE AND 835 FEET FROM THE west LINE, SECTION 28 , TOWNSHIP 24-S , RANGE 37-E , NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
11. Elevation (Show whether DF, RT, GR, etc.) 3267' DF 3258' GR	12. County Lea


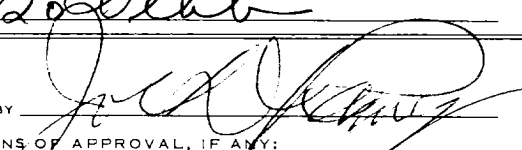
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER <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.

Drilled 7-7/8" hole to TD of 3765'. Ran 92 jts. 5-1/2" OD 15.5# K-55 and 17# 8640 casing set at 3759'. Cemented with 150 sacks 50-50 pozmix with 4% gel and 3# Kolite per sack and 150 sacks Class "C" cement. Pumped plug to 3725' at 1:30 a.m. 9-5-69. Tested casing with 1500# at 9 a.m. 9-9-69. Held OK.

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

SIGNED 	TITLE District Superintendent	DATE September 16, 1969
APPROVED BY 	TITLE Assistant District Superintendent	DATE 9-16-69
CONDITIONS OF APPROVAL, IF ANY:		