NO. OF COPIES RECEIVED				Form C-103	
DISTRIBUTION				Supersedes Old C-102 and C-103	
SANTA FE	NEW /	MEXICO OIL CONSER	VATION COMMISSION	Effective 1-1-65	
FILE			Aug 13 - 10 A	Sa. Indicate Type of	,
U.S.G.S.			Aug 10	5a. Indicate Type of	Lease Fee X
LAND OFFICE			. 10	State 5. State Oil & Gas L	ree 🔼
OPERATOR				5, State Oil & Gas L	ease NO.
					mmm
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.)					
OIL GAS WELL		7. Unit Agreement Name Langlie Mattix Weelworth Unit			
2. Name of Operator Amerada Hess Co	rporation			o, ram or Lease 140	
3. Address of Operator	9. Well No.	9. Well No.			
P. O. Box 1920	203				
4. Location of Well	i i	10. Field and Pool, or Wildcat			
UNIT LETTER	1250 FEET FR	OM THE West	LINE AND FEE	Langlie Ma	ttix
THE South LINE, SECTION 28 TOWNSHIP 24-8 RANGE 37-K NMPM				_ NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)				12. County	
				Lea	
16. C	heck Appropriate Bo	x To Indicate Nat	ure of Notice, Report	or Other Data	
	OF INTENTION TO:		-	QUENT REPORT OF:	
PERFORM REMEDIAL WORK	PI	UG AND ABANDON F	REMEDIAL WORK	ALTERING	CASING
TEMPORARILY ABANDON			OMMENCE DRILLING OPNS.	PLUG AND	ABANDONMENT
PULL OR ALTER CASING	CH	ANGE PLANS	ASING TEST AND CEMENT JOB		,
			OTHER		
OTHER					
17. Describe Proposed or Comp.	1 1 1 0	tata all partinant datail	and sine portions dates in	soluding astimated data of star	rting any proposed
work) SEE RULE 1 103.	teted Operations (Oreart)	trace are persone actaon	,, and give periment accept in	.,	
Change casing p	rogram to:				
Size of hole	Size of cag.	Wt. per foot	Setting depth	Sacks of cement	Est. top
12-1/4 ^H	8-5/8"	24#	7501	310	Circ.
7-7/8"	5-1/2"	15.5#	3740 '	300	2400 1
			* .*		
		•	7;		
					. •
		. 			
	,				
		**			
		complete to the best of	my knowledge and ballet		
18. I hereby certify that the inf	ormation above is true and	complete to the best of	my knowledge and belief.		
	0 0	·			. 1/ 10/0
SIGNED TO THE	ab	TITLE	trict Superintend	ent DATE August	14, 1969
Hall	11 (1	SUP	ERVISOR DISTRICT		
APPROVED BY	// Yelver	TITLE		DATE	

CONDITIONS OF APPROVAL IF ANY: