

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-10987

5. Indicate Type of Lease  
FEDERAL ☐ STATE ☐ FEE ☐

6. State Oil & Gas Lease No. Federal  
NMLC 032339A

7. Lease Name or Unit Agreement Name  
G. H. Mattix

8. Well No.  
6

9. Pool name or Wildcat  
Langlie Mattix 7 Rivers Queen

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. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER ☐ WIW

2. Name of Operator  
PLAINS PETROLEUM OPERATING COMPANY

3. Address of Operator  
415 W. Wall, Suite 1000, Midland, TX 79701

4. Well Location  
Unit Letter 0 : 660 Feet From The South Line and 1982 Feet From The East Line  
Section 3 Township 24S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Activate SI WIW ☐

12. 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.

See attached Form 3160-5

OGRID 017805

PROPERTY No. 009285 POOL No. 37240

Water injection began 5-17-96, Injected 200 BW @ 800 psi

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

SIGNATURE Bonnie Husband Bonnie Husband TITLE Administrative Assistant DATE May 21, 1996

TYPE OR PRINT NAME

TELEPHONE NO.

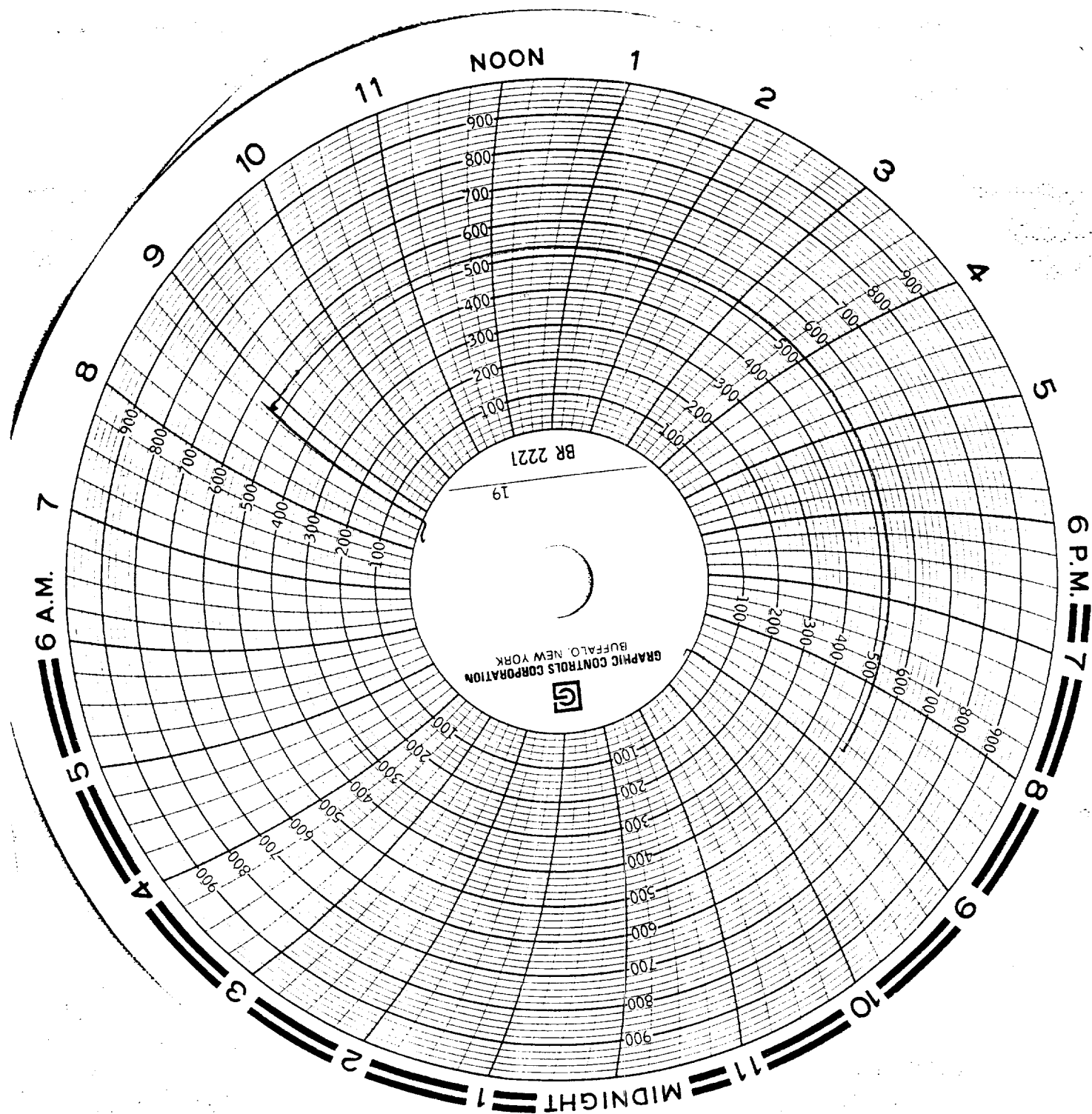
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FOR RECORD ONLY

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

CONDITIONS OF APPROVAL, IF ANY:

JUN 25 1996



5-16-96  
X2 Transport. CO  
G.H. MATTIX Federal #6

*Mat.*

RECEIVED MAY 23 1996