

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED
DEC 26 2014

Form C-103
October 13, 2009

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.)		WELL API NO. 30-025-11246 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Midland Operating, Inc. ✓		6. State Oil & Gas Lease No. 890082510
3. Address of Operator PO Box 52308, Midland, Texas 79710		7. Lease Name or Unit Agreement Name Langlie Mattix Woolworth Unit
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>27</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>504</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3209 GR		9. OGRID Number <u>149981</u>
		10. Pool name or Wildcat Lanlgie Mattix 7-Rvs-Qn-Grb

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

E-PERMITTING PERF P&A NR _____ P&A R _____ TEMP INT TO P&A _____ PULL CSNG _____ Chng Loc _____ DOW <u>TA</u> <u>P-m</u> <u>EBPMS</u> <u>SAD</u> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10-31-2014: Well passed required MIT, see attached chart

This approval of Temporary
Abandonment Expires 4/30/2015

TA expired 3/31/2010 Final Extension

Spud Date:

Rig Release Date:

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

SIGNATURE Victor J. Sirgo TITLE President DATE 10-31-14

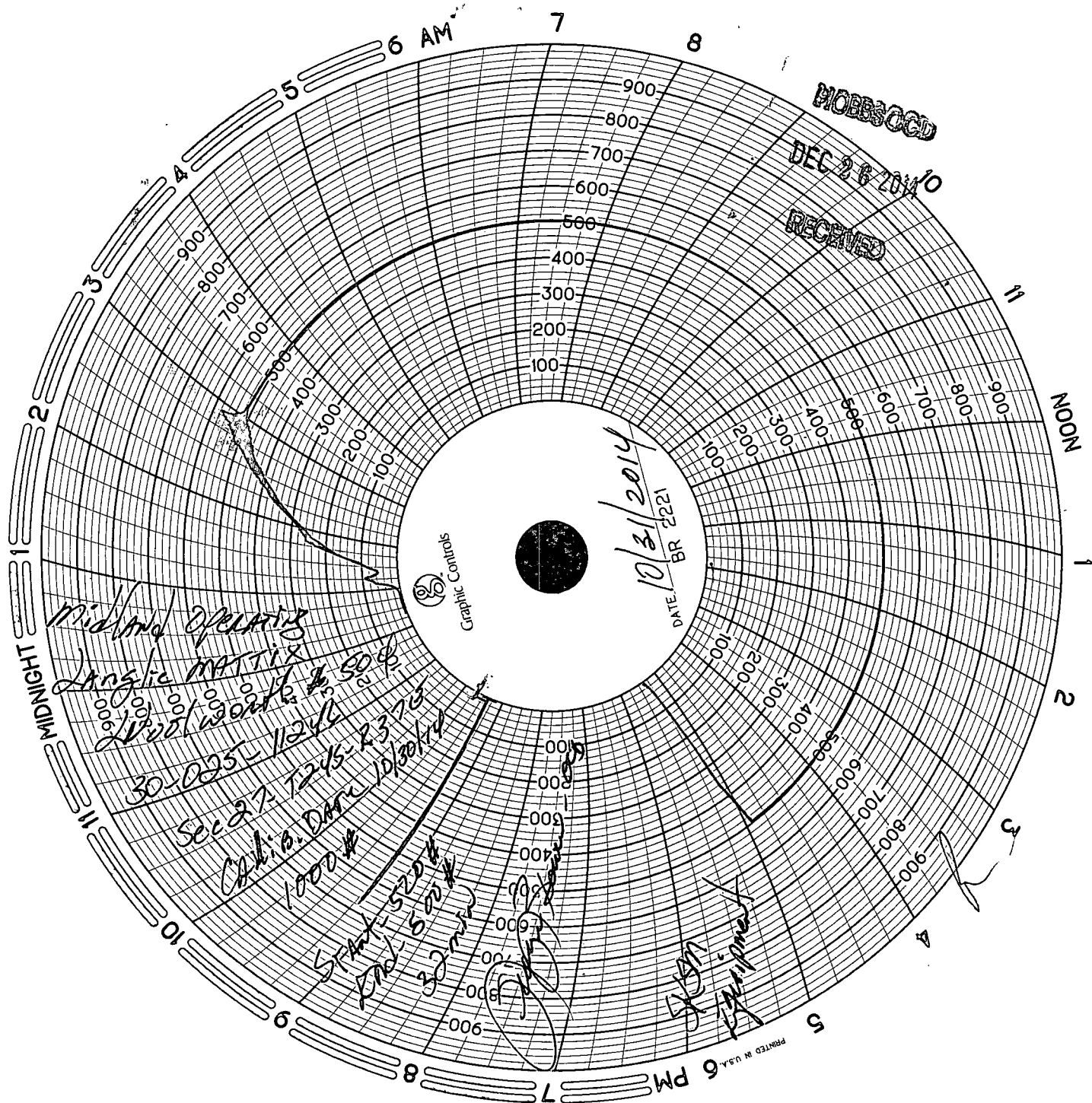
Type or print name Victor J. Sirgo E-mail address: vjsirgo@sbcglobal.net PHONE: 432-638-5551

For State Use Only

APPROVED BY: Bill Sammons TITLE Staff Manager DATE 1/2/2015

Conditions of Approval (if any):

JAN 07 2015



PRINT