Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I HORR Energy,	Minerals and Natural Resources	October 13, 2009
District II		WELL API NO. 30-025-11340
OIL C District III District III	ONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	220 South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. 890082510
SUNDRY NOTICES AND RE	PORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)		Langlie Mattix Woolworth Unit
1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number 902
2. Name of Operator Midland Operating, Inc.		9. OGRID Number 149981
3. Address of Operator		10. Pool name or Wildcat
PO Box 52308, Midland, Texas 79710		Lanlgie Mattix 7-Rvs-Qn-Grb
4. Well Location 1650 Unit Letter L : 330 feet 1	from the <u>5 West</u> line and	330 650feet from theSouthline
Section 33 T	ownship 24S Range 37E	E NMPM County Lea
11. Elevatio	n (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
E-PERMITTING P&A NR P&A R SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING		
P&A NR P&A R SEMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB		
CSNG CHG Loc CASING/CEMENT JOB		
RBDMS CHART		
OTHER:	OTHER:	×
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.		
11-2-2014: Well passed required MIT, see attached chart		
11 2 201 Wen passed required Max, see and on an		
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т	his approval of Tarrage	
This approval of Temporary Abandonment Expires 5/2/2015		
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Spud Date:	Rig Release Date:	
	J	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is true a	and complete to the best of my knowledge	e and bener.
SIGNATURE MILES & Sug	TITLE President	DATE 11-2-14
Type or print nameVictor J. Sirgo E-mail address: _vjsirgo@sbcglobal.net PHONE: _432-638-5551 For State Use Only		
APPROVED BY: Bill Somanak TITLE Staff Monager DATE 1/2/2015 Conditions of Approval (if any):		
Conditions of Approval (if any):		A7
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