Submit 1 Copy To Appropriate District Office State	of New Mexico	Form C-103
Office District I 1625 N. French Dr., Hobbs, NM 88240  District I 1625 N. French Dr., Hobbs, NM 88240		October 13, 2009 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 250 MIL CONSERVATION DIVISION		30.025-21085
District III UEU 2 0 1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED		21692
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		7. Lease Name or Unit Agreement Name  Black
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other Injection		8. Well Number 5
2. Name of Operator		9. OGRID Number 149981
Midland Operating, Inc.		
3. Address of Operator PO Box 52308, Midland, Texas 79710		10. Pool name or Wildcat Lanlgie Mattix 7-Rvs-Qn-Grb
4. Well Location		
Unit Letter N : 1300' feet from the South line and 1340 feet from the West line		
Section 21 Township 24S Range 37E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) Gr: 3230		
(I. 5250)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
SUBSEQUENT REPORT OF:		
PI E-PERMITTING REMEDIAL WORK		
TE P&A NR P&A R COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB		
CASINO/CEIVIENT SOB		
CHG Loc RBDMS CHART		
O'b 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		
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This approval of Temporary Abandonment Expires 11/3/2015		
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Spud Date: Ri	g Release Date:	
Space Date.	g Release Date.	
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I hereby certify that the information above is true and comp	olete to the best of my knowledge	e and belief.
1/1/		
SIGNATURE Thater O'Drig. T	ITLEPresident	DATE11-3-14
Type or print nameVictor J. Sirgo E-mail address: _vjsirgo@sbcglobal.net PHONE: _432-638-5551  For State Use Only		
For State Ost Only		
APPROVED BY: Bel Somanah TITLE Staff Manager DATE 12/2014		
Conditions of Approval (if any):  JAN 0 7 20151		
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