Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO.
1201 W. Grand Ave. Astacia NM 88210 OIL CONSERVATION DIVISION	30-025-23099
District III 1000 Rio Brazos Rd., Aztec, NM 87410 DEC 26 2014220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 DEL 20 Control Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	890082510
87505 SUNDRY NOTICES AND REPORTS 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 105
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	
Unit LetterF:1680feet from theNorth line and2020feet from theWestline	
Section 28 Township 24S Range 37E	
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3258 DF	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
E-PERMITTING SUBSEQUENT REPORT OF:	
PE P&A NR P&A R REMEDIAL WORK ALTERING CASING	
TEI INT TO P&A COMP COMMENCE DRILLING OPNS P AND A	
DC CTAP P-M. RBDMS CHART AL	
OTHER: OTHER: OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, an	d give portinent 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 Tom	2 Poron
This approval of Temporary Abandonment Expires	
No production 108 months - Finia)	
NO Droduction 108 months - Finil	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledg	e and belief.
17 A	
SIGNATURE	
Type or print nameVictor J. Sirgo E-mail address: _vjsirgo@sbcglobal.net PHONE: _432-638-5551	
For State Use Only	
APPROVED BY: Bill Samamak TITLE Statt Manager DATE 12/26/2014	
Conditions of Approval (if any):	
APPROVED BY: <u>Bill Samamak TITLE</u> Statt Manager DATE 12/26/2014 Conditions of Approval (if any): JAN U 7 2015	
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