Submit 3 Copies To Appropriate D Office	istrict	State of	f New M	Iexico		E	7 102
District I Energy, Minerals and Natural Resources						Form (Revised March 25	
1625 N. French Dr., Hobbs, NM 88240 District II					WELL API NO.		
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION					30-025-23306		
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.					5. Indicate Type of Lease		
District IV Santa Fe, NM 87505					STATE FEE 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505					o. State Off &	Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS					7 Lease Name	or Unit Agramant N	
(DO NOT USE THIS FORM FOR I	7. Lease Name or Unit Agreement Name: Langlie Mattix Queen Unit						
DIFFERENT RESERVOIR. USE "PROPOSALS.)							
Type of Well: Oil Well							
Oil Well Gas We							
2. Name of Operator KELTON OPERATING	8. Well No.						
3. Address of Operator	9. Pool name or Wildcat						
1510 HERITAGE BLVI	LANGLIE MATTIX;7RVRS-Q-GRAYBURG						
4. Well Location		, , , , , , , , , , , , , , , , , , , ,					
Unit Letter M		990 feet from the	COLUTI				
	: -	990 feet from the	; SOUTH	[line and <u>890</u>	feet from	the <u>WEST</u> 1	ine
Section 10		Township	25S	Range 37E	NMPM	LEA County	
		10. Elevation (Show w	vhether D	R, RKB, RT, GR, etc.)	EEA County	
11 Ch	1- A	·	11			·	
NOTICE O	ECK A	ppropriate Box to In TENTION TO:	dicate N	lature of Notice, I	Report or Other	: Data	
PERFORM REMEDIAL WOR	K []	PLUG AND ABANDON		SUBS	SEQUENT RE		
	``	I LOO AND ABANDON	ليا	REMEDIAL WORK		ALTERING CASING	3 □
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND	
PULL OR ALTER CASING		MULTIPLE	Ö	İ		ABANDONMENT	-
	لسا	COMPLETION		CASING TEST AND CEMENT JOB) L		
OTHER:					•		
	nleted	operations (Clearly state	<u> </u>	OTHER: MIT test to	o TA well		\boxtimes
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. For Multiple Completions: Attach wellbore diagram of proposed completion or							
recompilation.	·	= 110 22 1103. 101 Wight	ipic Comp	octions. Attach well	oore diagram of p	roposed completion (or
11 12 0C D							
11-13-06 Repair well head. Load casing with 1/10 BBL. Pressure casing to 575# for 1 hour. Notified OCD. Ran casing pressure test with							
Tressure the 350%. Tressure bled off to 340% in 30 minutes.							
Chart attached.						24252622	
						2232	85
This Approval of Temporary Abandonment Expires Thereby certify that the information above is true and complete to the best of my knowledge and belief							
This Approval of Temporary ///3/2/							
			•	•	27	10 10 14	<u> </u>
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	= 1, 10 de	N.
					7	Po To The Post of	رم ا
						13/2 C	13%
I hereby certify that the informat	ion ab	ove is true and complete	to the hee	+ - £1 1	11 11 2	C551110168	
	JOII GO	- ve is true and complete	to the bes	st of my knowledge a	nd belief.		
SIGNATURE		DATE11 <u>-13-2</u> 0	106				
Type or print name C. Dale Kelton						D/(1E/1 <u>-15-20</u>	<u>/00</u>
Type or print name C. Dale Kelton (This space for State use)					Tel	ephone No. 432-661-	1364
James opace for state use)		/					
APPPROVED BY Conditions of approval, if any: Conditions of approval, if any:							
Conditions of approval, if any:	1		- 100	THE PARTY OF THE STATE OF THE S	HAFF MANAGE	ENTITION 1	בטטס
	V						

