Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources	
District II  District II	WELL API NO. 30-025-11347
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III DEC 2 6 21220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV 1220 S. St. Francis Dr. Santa Fe. NM	6. State Oil & Gas Lease No. 890082510
87505 RECEIVED	
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  Langlie Mattix Woolworth Unit
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number 125
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 Letter B: 660 feet from the North line and	1980 feet from the East line
Section 34 Township 24S Range	37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR,	
3206 DF	
12. Check Appropriate Box to Indicate Nature of Noti	ice, Report or Other Data
E-PERMITTING	UDCEOUENT DEDODT OF
	UBSEQUENT REPORT OF:
INT TO P&A   REMEDIAL V	VORK ☐ ALTERING CASING ☐ DRILLING OPNS.☐ P AND A ☐
CSNG Chng Loc CASING/CEN	
(TA) P.M. (REOMS) NA	
The state of the s	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple	c Completions: Attach wellbore diagram of
proposed completion or recompletion.	
11-3-2014: Well passed required MIT, see attached chart	
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This approval of Tomporary	
This approval of Temporary	
Abandonment Expires <u>\$4/3/2015</u>	
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TA CKA de 2/23/10 FINAL TA EX	it
Spud Date: Rig Release Date:	
Ng release bate.	
I hereby certify that the information above is true and complete to the best of my know	ledge and belief
I hereby certify that the information above to true and complete to the best of my know	lougo una conot.
~/~/ /\ ·	
SIGNATURE TITLE President	DATE11-3-14
Type or print nameVictor J. Sirgo E-mail address: _vjsirgo@sbcglo	bbal.net PHONE: _432-638-5551
For State Use Only	,
APPROVED BY: Bill Somanah TITLE Stoff Ma.	Nuger DATE 1/2/2015
Conditions of Approval (if any):	

