

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
HOBBSON
DEC 26 2014
RECEIVED
 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 October 13, 2009

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 PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Injection</u>		WELL API NO. 30-025-23310 ✓
2. Name of Operator Midland Operating, Inc.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> <u>Fed</u>
3. Address of Operator PO Box 52308, Midland, Texas 79710		6. State Oil & Gas Lease No. 890082510
4. Well Location Unit Letter <u>H</u> : <u>1950</u> feet from the <u>North</u> line and <u>50</u> feet from the <u>East</u> line Section <u>27</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>		7. Lease Name or Unit Agreement Name Langlie Mattix Woolworth Unit ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3209 GR		8. Well Number <u>710</u> ✓ 9. OGRID Number <u>149981</u>
10. Pool name or Wildcat Lanlgie Mattix 7-Rvs-Qn-Grb		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

E-PERMITTING P P&A NR _____ P&A R _____] T INT TO P&A _____ COMP _____] P CSNG _____ CHG Loc _____] D <u>TA</u> <u>P.M.</u> <u>RBDMS CHART</u> <u>JA</u>] OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>
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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.

10-31-2014: Well passed required MIT, see attached chart

This approval of Temporary
 Abandonment Expires 10/31/2015

1 yr Extension
Final Extension

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Victor J. Sirgo TITLE President DATE 10-31-14

Type or print name Victor J. Sirgo E-mail address: vjsirgo@sbcglobal.net PHONE: 432-638-5551

For State Use Only

APPROVED BY: Bill Semanick TITLE Staff Manager DATE 1/3/2015

Conditions of Approval (if any):

JAN 07 2015

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