Submit 3 Copies To Appropriate District Office	State of Ne	w Mexico	Form C-10
District I	Energy, Minerals and	l Natural Resources	Revised March 25, 199
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVA	TION DIVISION	30-025-11600
District III	1220 South St	. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☒
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, N	IM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		o. State Off & Gas Lease No.
	CES AND REPORTS ON W	/ELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS	SALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT" (FORM C-	IUI) FOR SUCH	Langlie Mattix Queen Unit
1. Type of Well:			
Oil Well Gas Well	Other		•
2. Name of Operator			8. Well No.
KELTON OPERATING 3. Address of Operator			24
1510 HERITAGE BLVD, ANDREWS, TEXAS 79714-2309			9. Pool name or Wildcat LANGLIE MATTIX;7RVRS-Q-GRAYBURG
4. Well Location	31tD (10, 12)1110 / 7/11 230		
Unit Letter O :	feet from the SC	DUTH line and 16:	feet from the <u>EAST</u> line
Section 15	Township	25S Range 37E	NMPM LEA County
The assertion of the second second second second	10. Elevation (Show when	ther DR, RKB, RT, GR, et	c.)
The same of the sa	11.	P1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
11 01		27.	
	Appropriate Box to Indic		
NOTICE OF IN			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	RK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS] COMMENCE DR	
PULL OR ALTER CASING	MULTIPLE [COMPLETION		ABANDONMENT D
OTHER:	_	CEMENT JOB	NAMELL TO PROPUSTION .
			N WELL TO PRODUCTION
starting any proposed work). SE recompilation.	EE RULE 1103. For Multiple	e Completions: Attach we	ve pertinent dates, including estimated date ellbore diagram of proposed completion or
	with rods and tubing. Found 10 joints 2 3/8" tubing. Run		d pump bad. Pressure test tubing in hole. Land on and put on pump.
11.03.0005	1 6 041		
11-03-2005 Tested well for pro	oduction for 24 hours – 6.68 l	BO, 71 BW, Gas – TSTM	
			(8) (8) (4) (4)
			Co. Mol Jined 18 19 19 19 19 19 19 19 19 19 19 19 19 19
			Will the service of t
			- Will siveo
			TO SAME
			, 1000 V2/
			No. 1
I hereby certify that the information a	above is true and complete to	the best of my knowledge	e and belief.
SIGNATURE C. David	TI7	LE President	DATE 11 04 20
		I resident	DATE_ <u>11-06-20</u>
Type or print name C. Dale Kelto (This space for State use)	<u>n</u>		Telephone No. 432-524-64
(This space for State use)	,	חרדה הו ידו	A ENGINEER
APPPROVED BY	TIT	LE PETKULEUI	M ENGINEER DATE
Conditions of approval, if any:			NOV 2 8 2005
		د بالمورد (۱۹۸۱) در این ۱۹۸۱ میلید و ۱۹۸۱ میلید در این این در در این در	. EVER N E LOUG