

Submit 3 Copies 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

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-23186
5. Indicate Type of Lease <u>Federal</u> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 ☐ Gas Well ☒ Other INJECTION

2. Name of Operator  
KELTON OPERATING CORPORATION

7. Lease Name or Unit Agreement Name:  
LANGLIE MATTIX QUEEN UNIT

8. Well No.  
22

3. Address of Operator  
1510 HERITAGE BLVD, ANDREWS, TEXAS 79714-2309

9. Pool name or Wildcat  
LM 7 RVRS QUEEN

4. Well Location  
Unit Letter N : 668 feet from the South line and 1633 feet from the West line  
Section 15 Township 25 S Range 37 E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐

OTHER: Pressure Test: Return to active status ☒

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.

April 26, 2006 Run MIT pressure test and chart. Witnessed by Ms. Sylvia Dickey.

Copy of chart attached.



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

SIGNATURE C. Dale Kelton TITLE President DATE 5/16/2006

Type or print name C. Dale Kelton

Telephone No. 432.661.1364

(This space for State use)

APPROVED BY Gayle W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER  
Conditions of approval, if any: TITLE \_\_\_\_\_ DATE MAY 19 2006

