

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.
 30-025-41521 22699

5. Indicate Type of Lease
 STATE FEE

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 TA'd Injection Well

2. Name of Operator
 KELTON OPERATING

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

4. Well Location
 Unit Letter P : 1315 feet from the SOUTH line and 100 feet from the EAST line
 Section 03 Township 25S Range 37E NMPM LEA County

7. Lease Name or Unit Agreement Name:
 Humphrey Queen Unit

8. Well No.
 19

9. Pool name or Wildcat
 LANGLEIE MATTIX;7RVRS-Q-GRAYBURG

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MIT for TA Status <input checked="" type="checkbox"/>	

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.

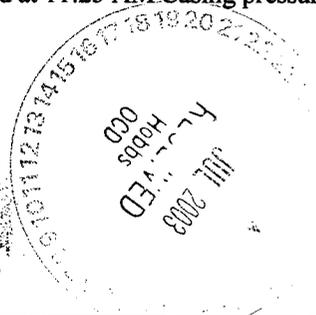
7-23-2003

SICP 610#. RU pump truck and bleed casing into truck. Well bled down in 20 seconds to 0#. Install chart recorder and pressure up casing to 530#. Bled off air. Pressure casing to 535# and start test at 10:50 AM. Test ended at 11:25 AM. Casing pressure 510# - 20# bleed off in 35 minutes.

Called Sylvia and reported findings and test.

Request 5 year TA status for this well.

This Approval of Temporary Abandonment Expires 7/31/08



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 7-28-2003

Type or print name C. Dale Kelton Telephone No. 432-524-6400

(This space for State use)
 APPROVED BY Mary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 31 2003

Conditions of approval, if any:

