Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103			
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.			
District II OIL CONCEDIVATION DIVISION			30-025-11580			
District III	1501 W. Grand M. Grand, M. God To			5. Indicate Type		
1000 Rio Brazos Rd., Aztec, NM 87410			STATE	FEE X		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				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:				7. Lease Name or Unit Agreement Name:  LANGLIE MATTIX QUEEN UNIT		
Oil Well Gas Well Other INJECTION						
Name of Operator     KELTON OPERATING CORPORATION				8. Well No. 13		
3. Address of Operator				9. Pool name or Wildcat LM 7 RVRS QUEEN		
1510 HERITAGE BLVD, ANDREWS, TEXAS 79714-2309 4. Well Location				LM / RVRS	SQUEEN	
Unit LetterD:	660feet from the	North	line and	_330feet fro	om theWestline	
Section 14	Township	25	Range 37	NMPM	County Lea	
	10. Elevation (Show w	hether Dl	R, RKB, RT, GR, et	tc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF IN				SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	RK 🗆	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND 🗆	ABANDONINENT	
OTHER:		П	OTHER: Press	ure 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. Test OK.						
Run MIT pressure test and chart. Test OK.  Witnessed by Ms. Sylvia Dickey.  Copy of chart attached.						
Copy of chart attached.				1016	23 24 25 2 10 00 00 00 00 00 00 00 00 00 00 00 00 0	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURETITLE_President				r	DATE_7/24/2006	
Type or print name C. Dale Kelton Telephone No. 432.661.1364						
APPPROVED BY Jay W. Wink OC FIELD REPRESENTATIVE 11/STAFE 1/10						
Conditions of approval, if any:						

