Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	Ave. Artesia NM 88210 OIL CONSERVATION DIVISION			30-025-11607	
District III	District III 1220 South St. Francis Dr.			5. Indicate Type STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505				Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	o. state on a	Gas Lease 140.			
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:  Oil Well:  Gas Well:  Other INJECTION  2. Name of Operator  KELTON OPERATING CORPORATION  3. Address of Operator  1510 HERITAGE BLVD, ANDREWS, TEXAS 79714-2309  4. Well Location  Unit Letter  B  : 660  feet from the  North  line and				7. Lease Name or Unit Agreement Name:  LANGLIE MATTIX QUEEN UNIT  8. Well No. 11 9. Pool name or Wildcat LM 7 RVRS QUEEN	
		NOIG	inic and	1960leet II	om theEastline
Section 15	Township	25	Range 37	NMPM	County Lea
THE SECTION	10. Elevation (Show w	hether Di	R, RKB, RT, GR, et	c.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
				SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND 🗆	ABANDONMENT
OTHER:			OTHER: Pressi	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					0.6 17 10
Run MIT pressure test and chart. Test OK.					
Witnessed by Mc Collin Did					
Copy of chart attached.					
				1.5	23 24 25 26
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURETITLE _ President				D	OATE_7/24/2006
Type or print name C. Dale Kelton				Telephone No. 432.661.1364	
(This space for State use)					
APPPROVED BY A DATE UL 3 1 2006  Conditions of approval, if any					

