

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. 30-025-22243
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" 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

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

4. Well Location

Unit Letter L : 1830 feet from the South line and 660 feet from the West line

Section 3 Township 25S Range 37E NMPM County: Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR 3186

7. Lease Name or Unit Agreement Name:

HUMPHREY QUEEN

8. Well No.
15

9. Pool name or Wildcat
Langlie Mattix Queen

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 ☐

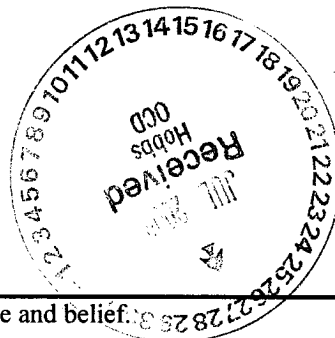
OTHER: Casing - MIT Test ☒

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

Performed casing integrity test - Test Failed. Shut well in. Will schedule well service unit to correct failure.

Witnessed by Sylvia Dickey.



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 7-24-2006

Type or print name C. Dale Kelton Telephone No. 432-524-6400
(This space for State use)

APPROVED BY Harry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER
Conditions of approval, if any: _____ DATE _____

JUL 31 2006

