Submit 3 Copies to Appropriate District Office

State Of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-93

DISTRICT I

OIL CONSERVATION DIVISION

1625 N. French Drive, 310 Old Santa Fe Trail, Room 206	
Hobbs, NM 88241 Santa Fe, New Mexico 87503	WELL API NO
DISTRICT II	30-25-23298
P.O. Drawer DD, Artesia, Nm 88210	5 Indicate Type of Lease STATE FEE XX
DISTRICT III	6 State Oil & Gas Lease No
1000 Rio Brazos Rd., Aztec, NM 87410	
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7 Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT"	Sense i valle di Cine i greenent i tante
(FORM C-101) FOR SUCH PROPOSALS)	Langlie Mattix Queen Unit
Oil Gas	
Well XXX Well Other Name of Operator	8 Well No
Kelton Operating	2
3 Address of Operator Post Office Box 928, Andrews, TX 79714-0928	9 Pool Name or Wildcat
4 Well Location	
Unit Letter L 1420 Feet From The South ine and 1220	eet From The West Line
Section 11 Township 25S Range 37E	NMPM Lea County
10 Elevation (Shown whether DF, RKB, RT, GR, etc.)	
11 Check Appropriate Box to Indicate Nature of Notice, Report, or Oth	
	QUENT REPORT OF :
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEI	MENT TODS
OTHER OTHER	MIT - Temporary Abandondon Test XX
12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date	es, including estimated date of starting any proposed
work) SEE RULE 1103	
	2345(9)
9-28-07	c and pressure up on casing the control of the cont
Rig up pressure truck and chart Pressure up on casing Found leak at surface Repaired leal	c and pressure up on casing
Run 30 minute MIT - TA pressure test to 550# for 30 minutes on casing. Beginning pressu	re 550# Ending pressure 540#
Chart Enclosed	w UUI "
	12
THIS Approval of Torres	2007.61
This Approval of Temporary 9/28/12 Abandonment Expires	1000
LADIES MARKET MA	
I hereby certify that the information above is true and complete to the best of my knowledge and belief	
r nereby certify that the information above is true and complete to the best of my knowledge and benef	
SIGNATURE	DATE 10-02-2007
SIGNATURE TITLE President TYPE OR PRINT NAME C. Dale Kelton TELEPHON	
TITLE President TYPE OR PRINT NAME C. Dale Kelton TELEPHON (1his space for State Use)	E NO 432.524.6400
TITLE President TYPE OR PRINT NAME C. Dale Kelton TELEPHON (1his space for State Use)	

