

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  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025- 11248 <b>7</b> ✓
5. Indicate Type of Lease STATE FEE X ✓
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Langlie Mattix Woolworth Unit ✓
8. Well Number #601 ✓
9. OGRID Number <b>148981</b> ✓
10. Pool name or Wildcat Langlie Mattix, 7-Rivers, Queen, Grayberg ✓

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 <input type="checkbox"/> Other Water Injection Well	
2. Name of Operator MIDLAND OPERATING ✓	
3. Address of Operator 3100 North "A", Suite E-120, Midland TX 79705	
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>27</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3206' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. 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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> TEST FOR CSG LEAK	

13. 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 recompletion.

4/30/08 thru 5/03/08

MIRU Providence Well Service, bleed off Csg & Tbg, ND wellhead, unset pkr, NU BOP, packer dragging, POOH & lay down 2 3/8" Tbg, & 7" AD-1 Packer, All Tbg is Bad, ND BOP & NU wellhead & 2 3/8" Tbg sub & valve, close well in & RDPU&MO,  
\*Moving back to Test Csg on this well as soon as work string arrives on Location!

RECEIVED

MAY 29 2008

HOBBS OCD

Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Cam Pablos TITLE Pumper DATE May 3, 2008

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE JUN 11 2008