

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-28510

5. Indicate Type of Lease
STATE ☒ FEE ☐

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.)

7. Lease Name or Unit Agreement Name

State A A/C 3

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

2. Name of Operator
Raptor Resources, Inc.

8. Well No. 11

3. Address of Operator
901 Rio Grande, Austin, Texas 78701

9. Pool name or Wildcat
Langlie Mattix SR-Q-GB

4. Well Location
Unit Letter G : 1345 Feet From The North Line and 2615 Feet From The East Line

Section 10 Township 23S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3463'

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: T/A Status 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.

Test Date: 3-13-03

1. Load casing with 2% KCl water and corrosion inhibitor. (Packer @ 3572')
2. Pressure test casing from surface to 3572' to 500 psi for 30 minutes.
(Record test on chart for OCD subsequent report.)
3. Well fail test. Request 90 days to bring well in compliance

This Approval of Temporary
Abandonment Expires

3/19/08

FILED
Hobbs
OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE Production Foreman

DATE 3-17-03

TYPE OR PRINT NAME Joel Sisk

(505) TELEPHONE NO. 394-2574

(This space for State Use)

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

MAR 19 2003

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

