State of New Mexico Submit 3 Copies To Appropriate District Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. Frenck Dr., Hobbs, NM 87240 District II 30-025-10695 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE FEE 🗖 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 685270 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Skelly Penrose 'A' Unit 1. Type of Well: Oil Well Gas Well Other Injection Well 2. Name of Operator 8. Well No. Prize Operating Company 52 3. Address of Operator 9. Pool name or Wildcat 3500 William D. Tate, Suite 200, Grapevine, Texas 76051 Langlie Mattix 7-Rv Queen 4. Well Location Unit Letter 1980 North __feet from the _ 660 line and feet from the East Section Township 235 Range **NMPM** County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3282' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT 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 **MULTIPLE** CASING TEST AND COMPLETION CEMENT JOB OTHER: OTHER: Temporary Abandonment X 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. Per Sylvia w/OCD in Hobbs, left tubing and packer in well. Tested casing to 540 psi for 30 minutes. Held OK. Left well TA'd.

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

SIGNATURE TITLE Regulatory Analyst DATE 3-6-2002

Type or print name Don Aldridge Telephone No. 817-424-0454

(This space for State use)

APPROVED BY TITLE DATE

Conditions of approval, if any:

This Approval of Tent 1 sty 3/12/07
Abandonment Expires

