

3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-23082	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 685270	
7. Lease Name or Unit Agreement Name: Skelly Penrose 'A' Unit	
8. Well No. 61	
9. Pool name or Wildcat Langlie Mattix 7-Rv Queen	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3325' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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 recompletion.

Prize Operating Company respectfully requests approval to Temporarily Abandon the well by the following procedures as prescribed by the Oil Conservation Division.

1. MIRU service unit and pull out of hole with tubing and packer.
2. RIH with CIBP and set at approximately 3500'. (Current perfs 3547-3605')
3. Test CIBP and casing to 500 psi.
4. RD and move off wellbore. Leave well TA'd.

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

SIGNATURE Don Aldridge TITLE Regulatory Analyst DATE 12-6-2001

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

(This space for State use)

APPROVED BY _____ TITLE _____ DATE 12-12-2001

Conditions of approval, if any: