Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-11420 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 Santa Fe, NM 87505 STATE [FEE 🔻 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 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.) Humphry Queen Unit 1. Type of Well: Oil Well Gas Well Other Water Injection Well 2. Name of Operator 8. Well No. Prize Operating Company 3. Address of Operator 9. Pool name or Wildcat 3500 William D. Tate, Suite 200, Grapevine, Texas 76051 Langlie Mattix 7RVRS-Q-Grayburg 4. Well Location 330 feet from the North 1650 feet from the line and line Section Township 25S Range **NMPM** County Leas 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 X REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND **CEMENT JOB** COMPLETION OTHER: OTHER: 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. Prize Operating Co. requests approval to Plug and Abandon the well per OCD specifications as per attached diagram and procedure. The well would not pass the required Mechanical Integrity Test. If you have any questions, please contact Bill Kreimeier at 817-424-0465. THE COMPRESSION WAS REMOTHER, THE Soos for the reserved of PERSONAL OFFICE CONTROL SERVICE TO BE APPROVED. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE Regulatory Analyst Type or print name **Don Aldridge** Telephone No. 817-424-0454 (This space for State use) APPROVED BY TITLE DATE

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Conditions of approval, if any:

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