

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-11610

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER WTR. INJECTION

2. Name of Operator
PRIZE OPERATING COMPANY

7. Lease Name or Unit Agreement Name
LANGLIE MATTIX QUEEN UNIT

8. Well No.
17

3. Address of Operator
3500 WILLIAM D. TATE, SUITE 200, GRAPEVINE, TX 76051

9. Pool name or Wildcat
LANGLIE-MATTIX 7RVRS-Q-GB

4. Well Location
Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line

Section 15 Township 25S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3116' GR

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: ☐

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.

8-1-01 SPOT 25 SKS 3100 W.O.C. NO TAG SPOT 25 SKS W.O.C. & TAG @ 2510'
8-2-01 SPOT 25 SKS @ 1000'-700'
8-6-01 PERF @ 400' SQUEEZE 100 SKS W.O.C. & TAG @ 77
8-6-01 PERF @ 58' SQUEEZE 35 SKS TO SURFACE

CIRCULATE 9.5 MUD
INSTALL P&A MARKER

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

SIGNATURE David A. Eyer TITLE AGENT DATE 08/17/01

TYPE OR PRINT NAME DAVID A. EYER

TELEPHONE NO. 915.687.3033

(This space for State Use)

APPROVED BY [Signature] COMPLIANCE OFFICER

TITLE COMPLIANCE OFFICER

DATE APR 05 2002

CONDITIONS OF APPROVAL, IF ANY:

GWW