Form C-103 State of New Mexico Submit 3 Copies To Appropriate District **linerals and Natural Resources** Revised March 25, 1999 Office Energ District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-11694 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III FEE X STATE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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 Langlie Mattix Queen Unit PROPOSALS.) 1. Type of Well: Oil Well 🗶 Gas Well Other 8. Well No. 2. Name of Operator 30 Prize Operating Company 9. Pool name or Wildcat 3. Address of Operator Langlie Mattix, 7 Rivers-Q-Grayburg 3500 William D. Tate, Suite 200, Grapevine, Texas 4. Well Location 990 ____ feet from the_ East North line and__ 330 feet from the Unit Letter County **NMPM** Lea Range **25**S Township Section 22 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND COMMENCE DRILLING OPNS. \mathbf{x} CHANGE PLANS **TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **MULTIPLE** PULL OR ALTER CASING **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 Company respectfully request approval to Temporarily Abandon the above mentioned well by setting a CIBP @ 2750' with 2 sx of cement on top and pressure test to 500 psi for 30 minutes. produced from 2849'-3365' (open hole). THE COMPESSION MUST BE NOTIFIED 24 HOURS HEREA TO THE BEGINNING OF PERSONNE OPERATIONS FOR THE CASE TO BE APPROVED. I hereby certify that the information above is true and complete to the best of my knowledge and belief. on aldridge ____ DATE ____10-19-2000 TITLE Regulatory Analyst SIGNATURE. Telephone No. 817-424-0454 Type or print name pon Aldridge (This space for State use) DATE_ TITLE_ APPROVED BY_

Conditions of approval, if any:

Su 22 T-25-5 R-37-E 17 330 FNL & 990 FEL 12 1/2"-50#@ 225" 200 SX 85/8"-38#@1235' 2 250 SX (TOC UNKNOWN) 'Proposed' CIBP @ 2750 W/2 sx cmt 7"-24#@2849' 3277-3316 (open Hole) TD 3373' PBTD 3345

LANGLIE MAHIX QUEEN Ut. #30 API 30-025-11694