

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

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.
30-025-11700

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. INJ. WELL

7. Lease Name or Unit Agreement Name
LANGLIE MATTIX QUEEN

2. Name of Operator
PRIZE OPERATING CO.

8. Well No.
31

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 D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 23 Township 25S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3110' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER:

ALTERING CASING
PLUG AND ABANDONMENT

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.

6-18-01 C.I.B.P. SET @ 3100' W/25SKS ON TOP
SPOT 25 SKS 2365 W.O.C & TAG 2239
6-19-01 PERF @ 1000' SQUEEZE 50 SKS W.O.C. & TAG @ 1000 SQUEEZED 50 SKS W.O.C. & TAG @ 860'
6-20-01 SPOT 25 SKS 425' W.O.C. & TAG @ 242'
6-20-01 SPOT 15 SKS 63' -SURFACE

CIRCULATED 9.5# MUD
INSTALLED 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 07/00/01

TYPE OR PRINT NAME DAVID A. EYLER TELEPHONE NO. 915.687.3033

(This space for State Use)

APPROVED BY Tammy Hill TITLE COMPLIANCE OFFICER DATE APR 05 2002

CONDITIONS OF APPROVAL, IF ANY:

GWW