

Submit 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

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. <b>30-025-22155</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <b>Langlie Mattix Queen Unit</b>
8. Well No. <b>33</b>
9. Pool name or Wildcat <b>Langlie Mattix, 7 Rivers-O-Grayburg</b>

**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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator <b>Prize Operating Company</b>
3. Address of Operator <b>3500 William D. Tate, Suite 200, Grapevine, Texas 76051</b>	4. Well Location Unit Letter <b>G</b> ; <b>2310</b> feet from the <b>North</b> line and <b>1650</b> feet from the <b>East</b> line Section <b>22</b> Township <b>25S</b> Range <b>37E</b> NMPM County <b>Lea</b>
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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input 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 checked="" 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 recompilation.

Please find attached the plugging report for the above mentioned well as directed by the OCD.

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 01-04-2001

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

(This space for State use)

COMPLIANCE OFFICER

APPROVED BY Sam W. Lidd TITLE \_\_\_\_\_ DATE APR 05 2002

Conditions of approval, if any:

JC GWW