Submit 3.Cop as 7 / propriate District	State of Nev				Form C-10	
Office District I	Energy, . Innerals and I	Natural Resources	THE ABILIO		sed March 25, 199	19 7
1625 N. French Dr., Hobbs, NM 87240		WELL API NO	WELL API NO. 30-025-22155			
District II 811 South First, Artesia, NM 87210	OIL CONSERVA		5. Indicate Type of Lease			
District III	2040 South Pacheco		- 1		E 🗷	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, N	IM 87505	STATE			4
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & 0	Gas Lease No).	
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well:	A	7. Lease Name or Unit Agreement Name: Langlie Mattix Queen Unit				
Oil Well X Gas Well	O. W. H.M.			-		
2. Name of Operator			8. Well No.			
Prize Operating Company				9. Pool name or Wildcat		
3. Address of Operator	· · · · · · · · · · · · · · · · · · ·	Langlie Mattix, 7 Rivers-Q-Grayburg				
3500 William D. Tate, Suite 4. Well Location	200, Grapevine, lexe	<u> </u>	,			7
Unit Letter G ::	2310 feet from the	North line and	1650feet	from the	East lin	e
Section 22	Township 25	s Range 371	NMPM	County	y Lea	i
Section 22			Tours and			William Company
	A D A I. J	insta Natura of Nat	ica Papart or Oth	ner Data	ماهورية الاستناداء ويعال دارا المناه المتكاري أوفوات	E
	Appropriate Box to Ind	icate inature of mor	ice, Report, of Ott		OE.	
10102 01 1112111011 101			SUBSEQUENT F		OF. RING CASING	
PERFORM REMEDIAL WORK 🔲	PLUG AND ABANDON	REMEDIAL WO	ЭНК	ALTER	AING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		RILLING OPNS.	PLUG ABAN	AND DONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST CEMENT JOB	AND			
OTHER:		OTHER:				
of starting any proposed work). or recompilation. Prize Operating Company approval to attempt to instructions were to have schematic for the propose at 817-424-0454.	respectfully request TA the well on 11-3-2 we procedure to P&A b	approval to Plug 000. We were not efore 11-26-2000.	and Abandon the successful in this	m of propose well. We l s process a	d completion had received and per OCD edure and wel	11
			THE COMMISSION HOURS PRIOR TO PLUGGING OPERAT TO BE APPROVED.	THE BEGIN	alaing of	_
hereby certify that the information above		best of my knowledge and	l belief.			
SIGNATURE ALON	Claridge	_TITLE Regulatory	Analyst	DATE_	11-21-2000	_
Type or print name pon Aldridge			Те	lephone No.	817-424-045	4
This space for State use)					** *** ***	
•		COVICE TO		DATE	\$ 7. E	
APPROVED BY		TITLE		DAIE		_
• •						