Submit 3 Copies to Appropriate District Office

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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			•
OIL CONSERVATION DIVISION			WELL API NO.
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. DISTRICT II Santa Fe, NM 87505		30-025-23299	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE T
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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.)			7. Lease Name or Unit Agreement Name LANGLIE MATTIX QUEEN
1. Type of Well: OIL GAS WELL OTHERWTR. INJ. WELL			
2. Name of Operator PRIZE OPERATING CO.		8. Well No. 28	
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_B : 500	Feet From The NORTH	Line and 2540	0 Feet From The <u>EAST</u> Line
Soction 22	Township 25S	Range 37E	NMPM LEA County
Section 22	10. Elevation (Show wh	nether DF, RKB, RT, GR, et	
XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	3110' DF	Nature of Not	ica Papart or Other Data
11. Check Appropriate Box to Indicate Nature of Notice Notice OF INTENTION TO:			SSEQUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
PERFORM REMEDIAL WORK	<u></u>	1	
TEMPORARILY ABANDON	CHANGE PLANS L.	COMMENCE DRILLIN	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L
OTHER:		OTHER:	
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	ration\$Clearly state all pertiner	nt details, and give pertinen	it dates, including estimated date of starting any propos
6-21-01 C.I.B.P 3150' SPOT 6-22-01 SPOT 50 SKS 1070 W 6-25-01 TAGGED PLUG @ 180' PERF @ 160'-SURFAC	N.O.C. & NO TAG SPOT 50	& TAG @ 2968) SKS	
CIRCULATED 9.5# MUD INSTALLED P&A MARKER			
I hereby certify that the information above is to	ue and complete to the best of my k		07/10/01
SIGNATURE Daw H	- 2	TITLE AGENT	DATE 07/10/01
TYPE OR PRINT NAME DAVID A	A. EYLER		TELEPHONE NO. 915, 687, 30
(This space for State Use)	(1) L/M	GOMPLIANCE (OFFICER APR 0 5 2002
CONDITIONS OF APPROVAL. IF ANY:		HILE	32