

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

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Water Injection Well</u>	WELL API NO. 30-025-23306
2. Name of Operator Prize Operating Company	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 3500 William D. Tate, Suite 200, Grapevine, Texas 76051	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>M</u> : <u>990</u> feet from the <u>South</u> line and <u>890</u> feet from the <u>West</u> line Section <u>10</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>Lea</u>	7. Lease Name or Unit Agreement Name: Langlie Mattix Queen Unit
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3115' KB	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

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.

Pulled packer and tubing. Repaired packer and reran tubing and packer. Set packer at 3031' and tested packer to 610#. Ran chart for 30 minutes and pressure increased to 620#. Commission was notified but did not witness test. Well is Shut-In waiting on injection line.

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 5-1-2001

Type or print name Don Aldridge

Telephone No. 817-424-0454

(This space for State use)

PROVED BY _____ TITLE _____ DATE _____
conditions of approval, if any:

