Submit 3 Copies To Appropriate District	opies To Appropriate District State of New Mexico		Form C-103	
Office District I	Energy linerals and Natural Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO. 30-025-23463	
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III	2040 South Pacheco		STATE	FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, N	IM 87505		
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Leas	e No.
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC	7. Lease Name or Unit Agreement Name:			
PROPOSALS.)  1. Type of Well:			Humphrey Queen Unit	
Oil Well X Gas Well Other				
2. Name of Operator			8. Well No.	
Prize Operating Company			9. Pool name or Wildca	
3. Address of Operator	200 Connectine Texa	as 76051	Langlie Mattix, 7 F	
3500 William D. Tate, Suite 4. Well Location	200, Grapevine, lexa	18 /6031	Bangire Maccik, / I	<u>dvers-o-Grayburd</u>
Unit Letter I:	1500 feet from the	South line and	1220 feet from the	line
Section 4	Township 25			ounty <b>Lea</b>
	10. Elevation (Show who	ether DR, RKB, RT, GR, e	etc.)	
11. Check A	Appropriate Box to Indi	icate Nature of Notice	, Report, or Other Data	L
NOTICE OF INTE			BSEQUENT REPOF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		.UG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Complete	d Operations (Clearly state	all pertinent details, and	give pertinent dates, includ	ing estimated date
of starting any proposed work). or recompilation.	SEE RULE 1103. For Mu	ltiple Completions: Attac	h wellbore diagram of prop	osed completion
Prize Operating Company had received OCD approva OCD, if the well was not well schematic for your at 817-424-0454	l to TA the well on 1 TA'd then the well w	.1-3-2000, but were u was to be P&A. Pleas	nsuccessful. Per ins se find attached a P &	structions from the A procedure and
				e do KNYS
			en e	
			to a section	
hereby certify that the information above	is true and complete to the be	est of my knowledge and beli	ef.	
SIGNATURE WOU (	eldridge_	TITLE Regulatory Ana	alyst DAT	E 11-21-2000
Type or print name Don Aldridge	(J		Telephone N	O. 817-424-0454
This space for State use)				
·		. 1		
APPROVED BYConditions of approval, if any:		TITLE	DATE	9 k