Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Revised March 25, 1999 inerals and Natural Resources Office Energ District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-23463 OIL CONSERVATION DIVISION District II 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III FEE 😠 STATE . 1000 Rio Brazos Rd., Aztec. NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Humphrey Queen Unit 1. Type of Well: Oil Well 🗵 Gas Well 🗌 Other 8. Well No. 2. Name of Operator Prize Operating Company 9. Pool name or Wildcat 3. Address of Operator Langlie Mattix, 7 Rivers-O-Grayburg 3500 William D. Tate, Suite 200, Grapevine, Texas 4. Well Location 1220 line line and ____ feet from the_ 1500 feet from the ____ South **NMPM** County Lea Township 25S Range 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS** TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND PULL OR ALTER CASING **MULTIPLE** CEMENT JOB COMPLETION OTHER: 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. Prize Operating Company respectfully request approval to Temporarily Abandon the above mentioned well by setting a CIBP @ 3250' with 2 sx of cement on top and pressure test to 500 psi for 30 minutes. This well produced from 3327'-3655' (perforations). ROTHED 24 RO Degra THE CHOL I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Analyst SIGNATURE. Telephone No. 817-424-0454 Type or print name Don Aldridge (This space for State use) DATE TITLE APPROVED BY_ Conditions of approval, if any:

Humphrey Queen Ut # 13 API 30-025-23463 Sec. 4 T-255 R-37-E I 1500 FSL & 1220 FEL 85/8"-20#@1032" A 700 sx "Proposed" CIBP @ 3250' W/2 sx cmt 3327' 3655 41/2"-9,5 t@ 3700' 3700'