

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-11101
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Langlie Mattix Unit
Well No. 2
Pool name or Wildcat Langlie Mattix/7Rivers/Queen/GRB

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator Ralph C. Bruton	
Address of Operator 3500 Acoma Hobbs, NM 88240	
Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line <u>14</u> Section <u>24S</u> Township <u>37E</u> Range <u>NMPM</u> <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3232 DR	

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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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

9/5/2001

1. Ran 2-3/8" tubing to 3441.
2. Ran 3/4" rods and tubing pump.
3. Laid flowline.
4. Placed well on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ralph C. Bruton TITLE Owner/Operator DATE 09-20-01

TYPE OR PRINT NAME Ralph C. Bruton TELEPHONE NO. 505-390-0366

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 09-20-01

CONDITIONS OF APPROVAL, IF ANY:

