

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 015-34155
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 34222
7. Lease Name or Unit Agreement Name: 1625 State
8. Well Number 218885
9. OGRID Number 221
10. Pool name or Wildcat Cottonwood Creek-ABO Wildcat

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 checked="" type="checkbox"/> Other	RECEIVED AUG 29 2005 OOD-ARTESIA
2. Name of Operator LCX Energy, LLC	
3. Address of Operator 110 N. Marienfeld, Ste. 200, Midland, TX 79701	

4. Well Location Unit Letter <u>A</u> : <u>760</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>22</u> Township <u>16S</u> Range <u>25E</u> NMPM <u>Eddy</u> County	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3473' GR
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12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. 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 recompletion.

8/24/05 Ran 33 jts 9-5/8" 36/3 J-55 ST&C casing to bottom @ 1260'. Packer @ 493' & DV tool @ 483'. Cement 1st stage w/ 180 sx Thixotropic, 240 sx 65:35, & 100 sx "H" w/ 2% CaCl2 & displace w/ 97 bbls FW. Bumped plug & floats held. Drop bomb & open DV tool w/450 psi. Pumped 105 bbls of water before seeing any returns @ surface.

Cement 2nd stage w/100 sx of 65:35 & 250 sx of "H" w/ 2% CaCl2. Displace w/ 38 bbls of FW. Had good returns but did not circ any cement.

8/25/05 Wait on 200 sx of "C" neat cement. ND BOP & pick up above "A" section for slips. Ran temp survey & found TOC @ 295'. Pumped 150 sx of "C" neat w/ 2% CaCl2 through one inch with returns until 100 sx gone & lost circ. WOC for 1 hr. Start pumping last 50 sx & got returns w/ 30 sx gone. Pumped last 20 sx w/full returns of good cement. Centered casing in "A" section. Set slips w/ 70K weight & cut off csg. Install wellhead. NU & test to 1616 psi for 10 min. NU BOP stack.

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

SIGNATURE Lisa Hunt TITLE Regulatory Analyst DATE 8/26/05

Type or print name Lisa Hunt Telephone No. 432 848-0214

(This space for State use)

APPROVED BY Accepted for record TITLE NMOCD DATE SEP 01 2005

Conditions of approval, if any:

Resubmit w/ well casing pressure test