Submit 3 Copies To Appropriate District Office District §	State of New Mexico Energy, Minerals and Natural Resources		WELLARING	Form C-103 May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240 <u>District III</u> 1301 W. Grand Ave, Artesia, NM 88210 <u>District IIII</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S St. Francis Dr., Santa Fe, NM	OIL CONSERV 1220 South Santa Fe		cis Dr.	5. Indicate Type of STATE [6. State Oil & Ga	X FEE
87505 SUNDRY NOT (DO NOT USE THIS FORM FOR PROPER DIFFERENT RESERVOIR. USE "APPL	TICES AND REPORTS OF OSALS TO DRILL OR TO DEED ICATION FOR PERMIT" (FOR	PEN OR PLU	G BACK TO A R SUCH	7. Lease Name of 1625 STATE	r Unit Agreement Name
PROPOSALS) 1. Type of Well: Oil Well	Gas Well X Other			8. Well Number	292
2. Name of Operator LCX Energ		ILIAL 2.	2000	9. OGRID Numb	er 218885
3. Address of Operator 110 Nor Midland	th Marienfeld, Suite 200 , TX 79701	<u>Jun 2 :</u> DCD-AF	PTESIA	10. Pool name or	
4. Well Location					
Unit Letter E : 1880 feet from the NORTH line and 660 feet from the WEST line					
Section 29 Township 16S Range 25E NMPM CountyEDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application ☐ or Closure ☐					
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water					
Pit Liner Thickness: mi				nstruction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK			REMEDIAL WORL		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.□	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	JOB 🗆	·
OTHER:			OTHER:Perf well		X
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.					
5/13/08 - 5/15/08 - R/U Cudd, Safety meeting, load and test lines. Test casing to 5000 psi OK, Pump 1000 gals. Pickle Acid, and pump 120 bbls water behind. Shut down and retest casing to 5000 psi, OK, Pump 5000 gals 15% Acid w/2x inhabitors, spot w/16.8 bbls water. R/D Cudd equipment. POOH w/tubing, bit and casing scrapper. P/U TCP Gun Assembly: Gun # 1= 8640', 12 shots, 1-10' sub & 1-4' sub w/6 jts tbg. Gun # 2 = 8419', 11 Shots, 1-10' sub & 1-6' sub w/6 jts tbg. Gun # 3 = 8140', 10 shots, 1-10' sub & 1-6' sub w/6 jts. Tbg. Gun # 4 = 7976' 9 shots, 2-10' subs & 1-8' sub w/ 5 jts. RIH w/guns and tubing, space out bottom gun @ 8640'. R/U Cudd equipment, safety meeting and test lines OK. Pressure tubing to 3500 psi and waited for guns to fire, guns fired and P/U Rate to 5 bpm w/4850 psi, broke back to 3700 psi and we P/U rate to 18.4 bpm w/4962 psi casing pressure w/2179 dead string pressure. ISDP = 1861 psi. Pumped a total of 135 bbls. R/D Cudd equipment. POOH w/tubing to guns. L/D and broke out guns. "ALL GUNS HAD FIRED".					
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan					
SIGNATURE COLOR	Jaly.	TITLE <u>Reg</u>	ulatory Analyst		DATE 06/20/2008
Type or print name Jenifer Sorley For State Use Only	O	E-mail ad	dress:Jenifer@eero	nline.com Te	elephone No. (432)262-4014
APPROVED BY:		TITLE		<u> </u>	DATE
Conditions of Approval (if any):		Accepted for record - NMOCD			