

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
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
March 4, 2004

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

WELL API NO.
30025270240000
5. Indicate Type of Lease
STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
NM 40658

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 PROPOSALS.)
HOBBS OCD

1. Type of Well:
Oil Well ☐ Gas Well ☒ Other SWD SEP 08 2014

2. Name of Operator
Lanexco, Inc.

3. Address of Operator
P.O. Box 2730, Midland, TX 79702

4. Well Location
Unit Letter N : 554 feet from the South line and 1874 feet from the West line
Section 18 Township 24 Range 38 NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3174' GL

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL Sect Twp Rng Pit type Depth to Groundwater Distance from nearest fresh water well
Distance from nearest surface water Below-grade Tank Location UL Sect Twp Rng ;
feet from the line and feet from the line

12. 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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: MIT (MP&MB) ☒

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.

Per formed MIT on well 9/4/14. See ATTACHED.
5 year Test.

Failed

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 Charles L. Mann TITLE Prod. Supt. DATE 9/5/14

Type or print name Charles L. Mann E-mail address: Telephone No. 575-395-3056

(This space for State use)

APPROVED BY Billy Senanah TITLE Staff Manager DATE 9/9/2014
Conditions of approval, if any:

FOR RECORD ONLY

SEP 16 2014

PRINTED IN U.S.A.

6 PM

MIDNIGHT

FOR RECORD ONLY

6 AM

NOON

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8

7

6

5

4

3

2

1

12

11

10

9

8