

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

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

WELL API NO.  
**300 252 702**  
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  
1. Type of Well:  
Oil Well ☐ Gas Well ☒ Other **SWD**  
**OCT 20 2014**

7. Lease Name or Unit Agreement Name  
**Buckskin Federal**  
8. Well Number  
**2**

2. Name of Operator  
**Lanexco, Inc.**

9. OGRID Number

3. Address of Operator  
**PO BOX 2730, Midland, TX 79702**

10. Pool name or Wildcat  
**Dollarhide Queen**

4. Well Location  
Unit Letter **N** : **554** feet from the **South** line and **1874** feet from the **West** line  
Section **18** Township **24S** Range **38E** 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: **Retest MIT** ☒

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.  
**Repaired tbs leak 10/8/14 to 10/13/14 and clean out well bore. Repair injection pln. Retest on MIT. 10/14/14.**

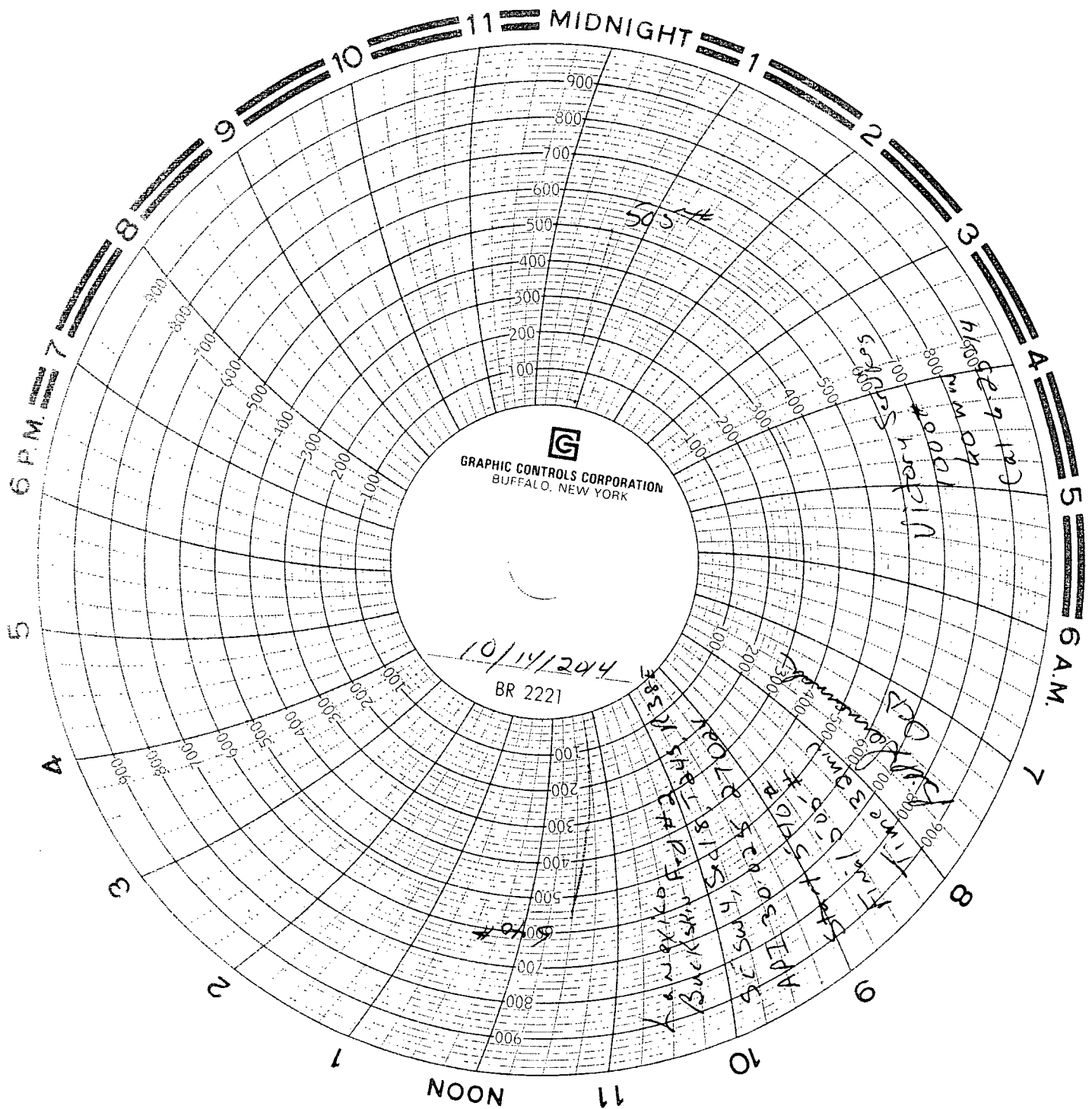
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE **Charles L. Mann** TITLE **Prod. Supt.** DATE **10/15/14**  
Type or print name **Charles L. Mann** E-mail address: Telephone No. **575-390-3937**

(This space for State use)

APPROVED BY **Sebastian** TITLE **Staff Manager** DATE **10/28/2014**  
Conditions of approval, if any:

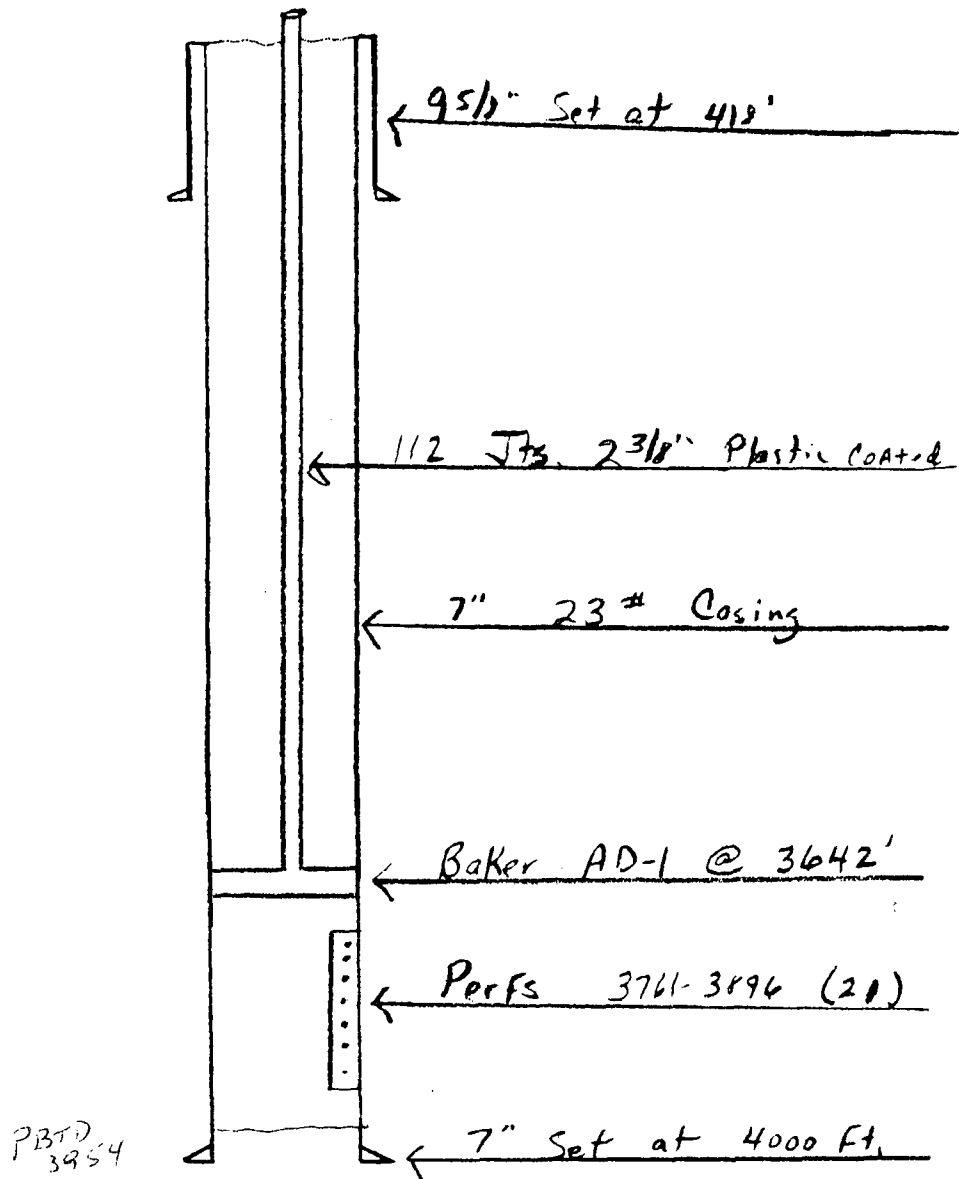
FOR RECORD ONLY  
OCT 27 2014



BS 10/24/2014

FOR RECORD ONLY

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Buckskin Federal No. 2 SWD.

BS 10/24/2014

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