

811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

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

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

BL 635

7. Lease Name or Unit Agreement Name

Leonard State #3

8. Well Number APR 30-15-06194

9. OGRID Number

10. Pool name or 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 ☐ Gas Well ☒ Other Salt Dome Storage

2. Name of Operator

Loco Hills LP

3. Address of Operator

1231 Old Annette Ave. Alamo, Texas 76008

4. Well Location

Unit Letter L : 1975 feet from the South line and 560 feet from the West line  
Section 175 Township 29 E Range NMPM County Eddy

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

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 COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Subsequent C-103

Substituted Coil Tubing for 1 1/4" Hydrill 1 1/4" Hydrill O.D. to much  
for 2 3/8" tubing  
Start date ASAP

NM OIL CONSERVATION  
ARTESIA DISTRICT

JUN 30 2015

Prior C-103 has well Bore Attachment -

RECEIVED

Spud Date:

Rig Release Date:

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

SIGNATURE

John B. Smith

TITLE

Agent

DATE

June 30, 2015

Type or print name

E-mail address:

PHONE:

For State Use Only

APPROVED BY:

APD

TITLE

Dist. P. Spenser

DATE

6/30/2015

Conditions of Approval (if any):