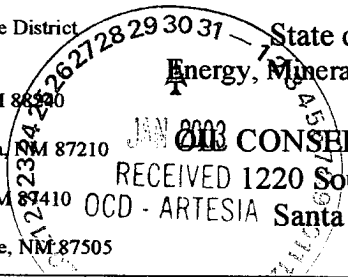


Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88400
District II
1301 W. Grand Avenue, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999



CONSERVATION DIVISION

RECEIVED 1220 South St. Francis Dr.
OCD - ARTESIA Santa Fe, NM 87505

| |
|---|
| WELL API NO. 015-06192 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. BL-635 |
| 7. Lease Name or Unit Agreement Name: LEONARD #1 Loco Hills GSR |
| 8. Well No. 1 |
| 9. 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 GSF, LTD
John B. Smith (505-677-2331)
3. Address of Operator
P.O. Box 37 Loco Hills, New Mexico 88255
4. Well Location

Unit Letter L : 20695 feet from the south line and 1193 feet from the west line

Section 22 Township 19S Range 19E-29E NMPM County Eddy

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

11. 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: ☐

12. 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 recompilation.

Remove and Replace Tubing
Well #1 1/16/03

Tubing Replaced
open hole casing test
Test method Nitrogen
MIT after tubing replacement
1/24/03
Chart recording submitted
by Mike Stubblefield 1/27/03

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

SIGNATURE John B. Smith TITLE Terminal Operator DATE 1/28/03
Type or print name John B. Smith Telephone No. 505-677-2331
(This space for State use)

APPROVED BY Mike Stubblefield TITLE Enviro. Eng. Spec. DATE 2/21/2003
Conditions of approval, if any: