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

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

Form C-103
Revised June 10, 2003

WELL API NO. 30-15-04193
5. Indicate Type of Lease: STATE ☑ FEE ☐
6. State Oil & Gas Lease No. BL-635
7. Lease Name or Unit Agreement Name: Leonard
8. Well Number: 2
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 GSF LTD
3. Address of Operator: 1231 Old Braswell Rd. Abilene Texas 76008
4. Well Location
Unit Letter L : 1892 feet from the South line and 908 feet from the West line
Section 22 Township 18S Range 29E NMPM County Eddy

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

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☑	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Have Hydro test run on tubing. Start date dependent upon pulling unit

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 Feb 1, 2006

Type or print name John B. Smith E-mail address: Telephone No. (505) 677-23…

(This space for State use)

APPROVED BY Accepted for record NMOCD TITLE DATE MAR 07 2006

Conditions of approval, if any: