

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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
Revised May 08, 2003

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

WELL API NO. 30-015-34980
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: 1921 STATE COM
8. Well Number 21
9. OGRID Number 218885
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	2. Name of Operator LCX Energy, LLC
3. Address of Operator 110 N. Marienfeld, Ste. 200, Midland, TX 79701	4. Well Location Unit Letter <u>A</u> : <u>760</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>2</u> Township <u>19S</u> Range <u>21E</u> NMPM County <u>EDDY</u>

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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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.

9/3/06 - 9/4/06 REACHED TD 4515' MD. SPOT CMT PLUG FROM 4515' TO 3580'. 605 SXS H+1.2%CD31+5%SALT.
9/7/06 - 9/18/06 RIG REPAIRS.
9/19/06 TAG CMT AT 3760'. DRILL CEMENT TO 3700'. TAG AT 3447'. DRILLED WELL WITH 7 7/8" HOLE, KOP @ 3760'
CONTINUE TO DRILL CURVE FROM 3760' to 4745' MD.
9/20/06 - 10/4/06 SLIDE DRILLING.
10/5/06 TD WELL AT 7934'. RU CASING CREW. 1 5 1/2' FLOAT SHOE, 1 JT 5/12" 17# P110 BTC CASING, 1 BTC
FLOAT COLLAR, 109 JTS 5 1/2" 17# P110 BTC CASING, 75 JTS 5 1/2" A7# N-80 LT&C CASING. SET CASING AT
7934'. CEMENT CASING W/ 450 SXS 50-50 10C+2/10%SMS+210%FL-52A, 600 SXS
H+4%FL62+1/10%ASA301+40#CAC03+2/10%SMS. DISPLACE WITH 184 BBLS WATER. NIPPLE DOWN BOP SET SLIPS CUT OFF
NIPPLE UP TUBING HEAD TEST HEAD TO 200 PSI, HELD OK. RUN TEMP SURVEY, TOC @ 250'.

WO FRAC.

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

SIGNATURE Kanicia Carrillo TITLE Regulatory Agent DATE 10/31/06

Type or print name KANICIA CARRILLO Telephone No. 432-262-4013

(This space for State use)

APPROVED BY Accepted for record - NMOCD TITLE DATE 12/5/06
Conditions of approval, if any: