

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

Form C-103
May 27, 2004

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



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)		WELL API NO. 30-015-34980
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LCX Energy, LLC.		6. State Oil & Gas Lease No.
3. Address of Operator 110 North Marienfeld, Suite 200 Midland, TX 79701		7. Lease Name or Unit Agreement Name 1921 STATE COM
4. Well Location Unit Letter A 760 feet from the NORTH line and 660 feet from the EAST line Section 2 Township 19S Range 21E NMPM County EDDY		8. Well Number 21
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4167 GR		9. OGRID Number 218885
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☒
CASING/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.

2/18/08 - M/U CIBP on tubing and RIH to 4470' & set CIBP @ 4470'. Displace hole to 9.5# salt Gel Mud from Big Dog # 2. POH & L/D 2 3/8" tubing. ☐

2/19/08 - Rig down floor & tongs, N/D BOP. Dig out cellar w/ back-hoe, clean up around well head. Cut window in surface pipe, cut window in 9 5/8" casing and let it fall down, recut window in 9 5/8" casing, cut off 5 1/2" casing and set heads off well. Dress off top of casing ☐☐☐☐☐

2/20/08 - M/U Cement bailer & RIH w/ bailer to top of CIBP @ 4470' and dump 18' cmt, POOH & Reload bailer. RIH w/ bailer to top of cement & dump 18' of cmt on top of CIBP to make 35' cmt on CIBP, POOH. RIH w/ CIBP to 3200' & set CIBP @ 3200' Ok, POOH & L/D setting tool, P/U Bailer. ☐ RIH w/ 2 bailer runs to dump 35' of cement on top of CIBP @ 3200' to make top of Cmt. @ 3165', POOH. M/U CIBP on W/L & RIH to 1600', found casing collar @ 1600' P/U to 1590' & set CIBP @ 1590', POOH. Made 2 bailer runs to top of CIBP @ 1590' and dumped 35' of cmt on top of CIBP. POOH. TOC @ 1555' M/U CIBP on W/L & RIH to 500' set CIBP @ 500' OK, POOH & L/D Setting Tool. ☐ RIH w/ bailer to top of CIBP w/ 2 runs to dump 35' cmt on top of CIBP, POOH, TOC @ 465'. Made 4 bailer runs to dump 60' of cmt from 100' to 40', POOH & R/D W/L equipment. Mix and dump cement in 5 1/2" casing to fill casing to surface, set dry hole marker in cement.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
"Approved for plugging of well bore only."

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 Jenifer Sorley TITLE Regulatory Analyst DATE 02/22/2008
Type or print name Jenifer Sorley E-mail address: Jemfer@eeronline.com Telephone No. (432)262-4014
For State Use Only

APPROVED BY: Accepted for record - NMOCD TITLE _____ DATE _____
Conditions of Approval (if any): _____