| Submit 3 Copies To Appropria   | Copies To Appropriate District State of New Mexico Energy, Minerals and Natural Resources |                                      |            |                               | Form C-103<br>Revised May 08, 2003  |                                       |                         |  |
|--|---|--------------------------------------|------------|-------------------------------|-------------------------------------|---------------------------------------|-------------------------|--|
| District I   | Life Ev. Willerais and i  |                                      |            | WELL A                        |                                     |                                       |                         |  |
| District II  | OIL CONSERV   | OIL CONSERVATION DIVISION            |            | 30-015-34365                  |                                     |                                       |                         |  |
| District III   | W. Grand Ave., Artesia, NM 88210  |                                      |            |                               | 5. Indicate Type of Lease           |                                       |                         |  |
| 1000 Rio Brazos Rd., Aztec, N<br>District IV   | 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505                                   |                                      |            |                               | STATE X FEE                         |                                       |                         |  |
| 1220 S. St. Francis Dr., Santa   | Fe, NM 87505  |                                      |            |                               | 6. State C                          | Oil & Gas Lease                       | No.                     |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  |   |                                      |            |                               |                                     | 7. Lease Name or Unit Agreement Name: |                         |  |
| (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.)  |   |                                      |            |                               |                                     | 1625 State Com.                       |                         |  |
| 1 Type of Well   |   |                                      |            |                               | 8. Well Number                      |                                       |                         |  |
|  | Well X  | Other                                | r          | SECEINED                      |                                     | 201                                   |                         |  |
| 2. Name of Operator  |   |                                      | l          | DEC 2 0 2005                  | 9. OGRID                            |                                       | 29137                   |  |
| LCX Energy, LLC  3. Address of Operator  |   | OCU-ARTESIN                          |            |                               | 10. Pool name or Wildcat            |                                       |                         |  |
|  | 1, Ste. 20  | 0. Midland, TX 7970                  | 1          | * (# 1. * <b>100</b> *        |                                     | REEK-WOLFC                            |                         |  |
| 4. Well Location   |   |                                      |            |                               |                                     |                                       |                         |  |
| Unit Letter  | M : 6   | 60 feet from the                     | Sout       | h line and                    | 760                                 | feet from the_                        | West line               |  |
| Section  | 20  | Township 16                          | <b>6</b> S | Range 25E                     | NMPM                                | Cov                                   | inty EDDY               |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |   |                                      |            |                               |                                     |                                       | inty LDD1               |  |
| 3554'  |   |                                      |            |                               |                                     |                                       |                         |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  |   |                                      |            |                               |                                     |                                       |                         |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |   |                                      |            |                               |                                     |                                       |                         |  |
| PERFORM REMEDIAL W   | ORK [   | PLUG AND ABANDO                      | ٧Ш         | REMEDIAL WORK                 |                                     | L_  ALT                               | ERING CASING L          |  |
| TEMPORARILY ABANDON  |   |                                      |            |                               |                                     |                                       | JG AND  ANDONMENT       |  |
| PULL OR ALTER CASING   | ;   | MULTIPLE<br>COMPLETION               |            | CASING TEST AND<br>CEMENT JOB |                                     |                                       | MOONWENT                |  |
| OTHER:   |   |                                      |            | OTHER: Run                    | casing.                             |                                       | X                       |  |
| 13. Describe proposed  | or complete   | d operations. (Clearly               | state all  | pertinent details, and        | give pertinen                       | t dates, includir                     | ng estimated date       |  |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion  |   |                                      |            |                               |                                     |                                       |                         |  |
| or recompletion.   |   |                                      |            |                               |                                     |                                       |                         |  |
| 12/17/05 Drill 12 1/4" hole to 1284', circ. hole and POOH. Rig up casing crew. Run guide show, 1 jt 9 5/8" 36#/ft J55ST & C casing (43.5'), insert float, 1239.5'-9 5/8"   |   |                                      |            |                               |                                     |                                       |                         |  |
| guide show, I jt 9 5/8 $36\#/\text{ft}$ J5581 & C casing (43.5°), insert float, 1239.5°-9 5/8° $36\#/\text{ft}$ J55, ST & C casing. Set at 1284°. Rig up cementers, cement w/ 180 sx Thixatropic   |   |                                      |            |                               |                                     |                                       |                         |  |
| C1 H + 10%A10+8#LCM+1%CaC12+.25#CF, mixed at 14.6#/gal, followed by 510 sx 35-65 C1 C+5%   |   |                                      |            |                               |                                     |                                       |                         |  |
| salt+5 $\#$ LCM1+.25 $\#$ CF, mixed at 12.4 $\#$ /gal, followed by 100 sx C1 C+2 $\%$ Ca C12, mixed at 14.8 $\#$ /   |   |                                      |            |                               |                                     |                                       |                         |  |
| gal. Flushed cement to float, bumped plug to 2600#, release pressure, float held ok.   |   |                                      |            |                               |                                     |                                       |                         |  |
| Circulated 481 sx to pit. Cut off 9 $5/8$ " casing, bolt up B section of wellhead, test to $1200\#$ for 30 min, held OK. Nipple up BOPs.   |   |                                      |            |                               |                                     |                                       |                         |  |
| 12/18/05 Finish nippling up BOPs. Test blind rams and all BOP valves to 300 and 2000#  |   |                                      |            |                               |                                     |                                       |                         |  |
| for 5 mins each, held ok. Pickup drill collars and 2 stds drill pipe and run in hole.  |   |                                      |            |                               |                                     |                                       |                         |  |
| Close pipe rams and test to 300 and 2000# for 5 mins each, held ok. Test annular to 300  |   |                                      |            |                               |                                     |                                       |                         |  |
| and 1500# for 30 mins, held ok. Test all floor valves, upper and lower Kelly valves to 300 and 2000# for 5 mins each, held OK.   |   |                                      |            |                               |                                     |                                       |                         |  |
|  |   | ns each, held UK<br>cement at 1233'. |            | rt drilling cer               | ment to 1                           | 1254', test                           | rasing to               |  |
| I hereby certify that the inform   | _   |                                      |            |                               |                                     |                                       |                         |  |
| Service of the servic |   |                                      | Cocst of   | my knowledge and belie        | 1.                                  |                                       |                         |  |
| SIGNATURE Tha  | 10n/V   | Indman                               | TIT        | LE <u>Regulato</u>            | ory Agent                           | DATE                                  | 12/19/2005              |  |
| Type or print name   | Sharon H  | indman                               |            |                               | · · · · · · · · · · · · · · · · · · | Telephone No                          | . 432 687 <b>-</b> 1575 |  |
| (This space for State use)   |   | TOODS ONLY                           |            |                               |                                     | 0                                     | EC 2 8 2005             |  |
| APPROVED BY FOR RECORDS ONLY   |   |                                      |            |                               |                                     | DATE                                  |                         |  |

\_TITLE\_

\_\_\_\_DATE \_\_

APPROVED BY\_\_\_\_\_Conditions of approval, if any: