

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 March 25, 1999

WELL API NO.

3015-06192

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

BKL-635

7. Lease Name or Unit Agreement Name

Leonard State

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

Lone Hills GSF LTD

3. Address of Operator

1231 Old Annuata Rd. Alamo, Texas 76008

4. Well Location

Unit Letter L : 2069 feet from the South line and 119.3 feet from the West lineSection 22Township 17-S Range 29-E

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 recompletion.

SONAR Test of well for capacity, and configuration

After SONAR test run MIT test on casing (300psi for 30min)
chart recordedOpen hole Nitrogen test - Appx 300ft for 4 hours
chart recorded

Estimated start date June 2, 2009

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

5/15/09

Type or print name

John B. Smith

Telephone No.

(505) 622 2331

(This space for State use)

APPROVED BY Signed By

Mike Brannon

TITLE

BNU. SPEC

DATE

MAY 18 2009

Conditions of approval, if any

Provide OGD 24 hrs notice prior to performing tests