Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, 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

RECEIVED
MAR 09 2010
NMOCD ARTESIA

Form C-103
Revised March 25, 1999

WELL API NO.	30-15-06193
5. **Indicate Type of Lease**	STATE ☒ FEE ☐
6. **State Oil & Gas Lease No.**	BL-635
7. **Lease Name or Unit Agreement Name**	Leonard State
8. **Well No.**	#2
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** Loco Hills GSF LTD

3. **Address of Operator** 1231 Old Annetta Rd Aledo, Texas 76008

4. **Well Location**
Unit Letter L : 1892 feet from the South line and 908 feet from the west line
Section 22 Township 17S Range 29E NMPM County Eddy

10. **Elevation** *(Show whether DR, RKB, RT, GR, etc.)*

11. 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.			☐

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 recompilation

Sonar Test of well for capacity and configuration
After Sonar test run MIT test on casing (Appx 300# for 30 min) Chart recorded
Open hole Nitrogen test - Appx 300# for 4 hours
Chart recorded

Estimated start date March 22, 2010

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 03/08/10

Type or print name John B. Smith Telephone No (575)-677-2349

(This space for State use)

APPPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any.

Accepted for record
NMOCD