Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
OCD - ARTESIA

WELL API NO. 30-15-25635

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. G-4524

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.)

7. Lease Name or Unit Agreement Name: Calmon State

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER WIW

2. Name of Operator: Thunderbolt Petroleum LLC

8. Well No. 1

3. Address of Operator: P.O. Box 10523 Midland Tx. 79702

9. Pool name or Wildcat: Loco Hills

4. Well Location
Unit Letter K : 2310 Feet From The South Line and 990 Feet From The West Line

Section 16 Township 18S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3540' GL

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 [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Convert to Injection [X]	

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.

3/18/00 MIRU L&R Well Service. TOH w/ rods, tubing & pump. RIW/ Plastic coated tubing & Baker AD-1 packer. Set packer at 2202' w/ 10 points.

I'll submit a pressure chart after the well injects a few days. Currently the AD-1 packer needs some pressure under it to hold the MIT pressure on the backside. I've spoken w/ Mike Stubblefield about this and will notify him once we get our water supply line installed

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

SIGNATURE Robert Lee TITLE President DATE 8/23/00

TYPE OR PRINT NAME Robert Lee TELEPHONE NO. 915-682-1251

(This space for State Use)

APPROVED BY Mike Stubblefield TITLE Field Rep. II DATE 1/2/2001

CONDITIONS OF APPROVAL, IF ANY: