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

WELL API NO. 30-015-25693

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

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

RECEIVED
OCD - ARTESIA

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: Cal-Mon

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

2. Name of Operator: Thunderbolt Petroleum LLC

8. Well No. 2

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

9. Pool name or Wildcat: Loco Hills

4. Well Location
Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line

Section 16 Township 18S Range 29E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3531 Grd.

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	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:	[ ]		

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.

Thunderbolt intends to attempt a completion in the Yates @ a depth of 1058-1115' and co-mingle production with the existing perfs @ 2228-2558'.
We intend to start this work within the next 2 months.

Operator to use BOP control device

BLM Approval to Down Hole Commingle Required from Santa Fe

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 9/21/00

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

(This space for State Use)

APPROVED BY Leon W. Green BY District Supervisor TITLE DATE OCT 10 2000

CONDITIONS OF APPROVAL, IF ANY: