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
2001
OCD - ARTESIA

WELL API NO.	30-015-25889
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	LG-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	Cal-Mon
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER	
2. Name of Operator: Thunderbolt Petroleum LLC ✓	8. Well No. 6
3. Address of Operator: P.O. Box 10523 Midland, Tx. 79702	9. Pool name or Wildcat: Loco Hills.

4. Well Location
Unit Letter N : 467 Feet From The South Line and 1650 Feet From The West Line

Section 16 Township 18 Range 29 NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3550' Grd.

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: ☐	

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 of the Yates at a depth of 1134-1179 and co-mingle production with the existing perfs at 2507-2620. We intend to commence this work in the next 2-4 weeks. We will use a BOP control device and apply w/ Santa Fe for a Co-mingling permit if successful.

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 01/14/01

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE FEB 26 2001

CONDITIONS OF APPROVAL, IF ANY: