30-015-06194

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

Form C-103
Revised March 25, 1999

WELL API NO. 06194

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. RA-635

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: LEONARD

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Salt Dome Storage — Loco Hills G.S.P. LTD

2. Name of Operator: Loco Hills G.S.P. LTD

8. Well No. 3

3. Address of Operator: Po Box 37 Loco Hills, New Mexico 88255

9. Pool name or Wildcat

4. Well Location

Unit Letter L : 1975 feet from the South line and 560 feet from the West line

Section 22 Township 17S Range 29E 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:				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 will run a M.I.T test on casing (300psig for 30 minutes)

Open hole cavern test (1½ times Normal operating pressure for 4 hours

Estimated Start date April 21, 2003

MAR 2003
RECEIVED
OCD - ARTESIA

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 3/24/03

Type or print name John B. Smith Telephone No. 505-677-2313

(This space for State use)

APPPROVED BY Mark Whitfield TITLE Envirc. Eng. Spec. DATE 3/25/2003

Conditions of approval, if any:

* Please notify N.M.O.C.D. To witness.