| Submit 3 Copies To Appropriate District Office | State of New Mexico nergy, Minerals and Natural Resources | Form C-103 |
|--|---|---|
| District I | hergy, while als and Natural Resources | Revised May 08, 2003 WELL API NO. |
| 1625 N. French Dr., Hobbs, NM 87240 District II | OIL CONSERVATION DIVISION | 30-015-34156 |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | 1220 South St. Francis Dr. | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | Santa Fe, NM 87505 | STATE FEE X |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. 34884 |
| (DO NOT USE THIS FORM FOR PROPOSAL | AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH | 7. Lease Name or Unit Agreement Name: 1625 Werner |
| 1. Type of Well: | Other RECEIVED | 8. Well Number |
| Oil Well Gas Well X 2. Name of Operator | | 9. OGRID Number |
| LCX Energy, LLC | OCT 0\3 2005 | 218885 |
| 3. Address of Operator | OCU-ANTERIA | |
| 110 N. Marienfeld. Ste. 200. | Midland, TX 79701 | Cottonwood Creek-Wolfcamp |
| | Nowth 11 | 550 |
| Unit Letter A : 760 | feet from the North line and | 660 feet from the East line |
| Section 23 | Township 16S Range 25E | NMPM Eddy County |
| 11 | Elevation (Show whether DR, RKB, RT, GR, etc. 3436' GR | |
| 12 Check Appr | opriate Box to Indicate Nature of Notice, | Report or Other Data |
| NOTICE OF INTENT | - | SEQUENT REPORT OF: |
| | UG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | HANGE PLANS COMMENCE DRILLI | |
| | ULTIPLE CASING TEST AND | ABANDONMENT X |
| | DMPLETION CEMENT JOB | |
| OTHER: | OTHER: | |
| | perations. (Clearly state all pertinent details, and g E RULE 1103. For Multiple Completions: Attach | |
| psi. Circulate capacity of D cement @ 461 cuft. WOC & pul | kick off cement plug from depth 5060 - 42 /P. Pump 6.5 bbls @ 9.6# mud spacer. I 1 12 stands & reverse out 80 bbls ANN & I own 39 jts of DP. Jet & clean pits. TIP C. | Mix & pump 450 sx & 80 bbls of 17.9# OP capacity return back to pit 12 |
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| I hereby certify that the information above is tru | e and complete to the best of my knowledge and belief. | |
| SIGNATURE Lisa Hus | TITLE Regulator | y Analyst DATE 9/23/05 |
| Type or print name Lisa Hunt | | Telephone No. 432 848-0214 |
| | | |
| APPROVED | RECORDS ONLY | OCT 0 4 2005 |
| Conditions of approval, if any: //ora | CUCC Time & Caring pressure Tes | DAIE |
| , , , , , | The o carry pressure les | ī |