

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
1301 W. Grand Avenue  
Albuquerque, NM 88210

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

FORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000

5. Lease Serial No. NM-93181
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. 1725 Fed Com #61
9. API Well No. 30-015-34340
10. Field and Pool, or Exploratory Area Cottonwood Creek; Wolfcamp
11. County or Parish, State Eddy County, NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other SL: 660' FNL & 760' FWL Sec. 6, T17S, R25E	
2. Name of Operator LCX Energy, LLC	
3a. Address 110 N. Marienfeld Ste 200, Midland, TX 79701	3b. Phone No. (include area code) (432) 687-1575
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SL: 660' FNL & 760' FWL Sec. 6, T17S, R25E	

RECEIVED

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OCU-VTBBIA

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Spud well & ran casing
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

10/7/05 Spud well w/17 1/2" hole. Ran 9 jts 13 3/8" 48# H-40 ST&C casing. Casing set @ 389'. Cemented as follows: Pump 20 bbls FH20 spacer. Mix & pump 77 sks-205 bbls of lead slurry & 47 sks-200 bbls tail slurry & displace 55 bbls of FH20. Bumped plug 500 psi over float. Held 30 min. No return on cement. WOC Cement 1" - 1st stage - Plug @160'. Mix & pump down 10 bbls @ 14.8#. WOC. Cement 1" - 2nd stage - Plug @70'. Mix & pump down 20 bbls @ 14.8# & circ 10 bbls to pit. WOC. Install wellhead. Test to 1500 psi. Held 30 min. Actual time WOC 15 hrs.

10/10/05 Ran 30 jts 9 5/8" 36#, J55, ST&C csg. Tag bottom @ 1296' TVD & set csg @ 1294' TVD. Cement as follows: Mix & pump 20 bbls FW gel spacer. Mix & pump lead slurry of 188 bbls & 650 sks of Class RFC (10-2-A) + additives @ 14.2# cement. Mix & pump tail slurry of 71 bbls & 300 sks of Class "C" + additives @ 14.8# cement. Drop plug & displace w/96.7 bbls of FH20. Bumped plug @ 500 psi. Float held ok. 145 bbls of lead ret'd to pit. WOC. Install wellhead & test to 1500 psi. Held 30 min. NU BOP & choke manifold. Test BOP & choke manifold. Test BOP & all surface equipment to 2000 psi. All tested OK. Actual time WOC 7 hrs.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Sharon Hindman

Title Regulatory Agent

Signature

Sharon Hindman

Date 11/01/2005

ACCEPTED FOR RECORD

NOV - 2 2005

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Office

Date