

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., 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 May 08, 2003

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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-015-34248
		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LCX ENERGY, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 110 N. MARIENFELD, SUITE 200, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name: 1724 KINCAID
4. Well Location Unit Letter <u>D</u> : <u>259</u> feet from the <u>NORTH</u> line and <u>990</u> feet from the <u>West</u> line Section <u>11</u> Township <u>17S</u> Range <u>24E</u> NMPM County <u>Eddy</u>		8. Well Number 111
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3699' GR		9. OGRID Number 218885
		10. Pool name or Wildcat UNDES. EAGLE CREEK - WOLFCAMP

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Well location correction <input checked="" type="checkbox"/>

13. 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 recompletion.

Please note that the well location #4 on this document is incorrect on the sundry notices starting 2/2/06 through 3/3/06. It has the old location of 660 FNL & 760 FWL. It should be 259 FNL & 990 FWL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kanicia David TITLE Regulatory Tech DATE 3/28/06

Type or print name KANICIA DAVID Telephone No. 432-848-0214

(This space for State use)

APPROVED BY FOR RECORDS ONLY TITLE _____ DATE _____
Conditions of approval, if any:

APR 03 2006