

State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
Revised March 25, 1999

RECEIVED

JUL 13 2010

NMOCD ARTESIA

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-15-06194

5 Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

BL-635

7 Lease Name or Unit Agreement Name.

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 ☐Gas Well ☐

Other

Salt Dome Storage

Leopard

2 Name of Operator

Leopard Hills 65F LTD

8. Well No.

Leopard State #3

3. Address of Operator

1231 Old Arroyo Rd. Alamo, Texas 76008

9. Pool name or Wildcat

4 Well Location

Unit Letter L 1975 feet from the South line and 560 feet from the West lineSection 22Township 17SRange 29E

NMPM

County El Paso

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☒ MULTIPLE COMPLETION ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐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 recompletion

Will not existing 5 1/2" casing. Set 7" Bridge Plug at shoe.
 Run 500' 5 1/2" J55 15.50" casing. Circulate cement from
 plug to surface.

Do MIT on casing (chart record) Run 300' for 30 minutes
 Open hole nitrogen test (chart record) Run 300' 4 hours
 OGD will be notified 24 hours prior to MIT and
 open hole nitrogen test

Estimated start date July 19, 2010

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

7/13/10

Type or print name

John B. Smith

Telephone No (505) 672-2331

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any