

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-015-34855</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LCX Energy, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 110 N. Marienfeld, Ste. 200, Midland, TX 79701		7. Lease Name or Unit Agreement Name: 1724 STATE COM
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>1880</u> feet from the <u>WEST</u> line Section <u>26</u> Township <u>17S</u> Range <u>24E</u> NMPM County <u>EDDY</u>		8. Well Number 218885
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 261
		10. Pool name or Wildcat

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

11/16/06 SPUD 17 1/2" HOLE AT 1:30 PM. DRILL TO 159'. 11/17/06 DRILL TO 373'. TOOH. CHANGE HOLE SIZE TO 12 1/4". TIH, LOSS RETURNS. DRILL TO 653' NO RETURNS. GAINED PARTIAL RETURNS AT 642'. LOSS FULL RTURNS AGAIN AT 648'. CIRC TO CLEAN HOLE. 11/18/06 DRILL TO 1082' NO RETURNS. 11/19/06 DRILL TO 1308', NO RETURNS. 11/20/06 CIRCULATE AND TOOH. RIG UP CASING CREW. RUN 1 9 5/8" GUIDE SHOE, 1 JT 9 5/8" 36# J55 CASING LT&C, 1 INSERT FLOAT AT 1265', 30 JTS 9 5/8" CASING 36# J55 LT&C. RAN 5 CENTRALIZERS. RU CEMETERS, CEMENT CASING W/150 SXS H+10%A+10+10#LCM-1+1 1/8#CELLOFLAKE, 215 SXS 35:36:6%GEL+5#LCM-1+1/8#CELLOFALKE+2%CCCL2, 150 SXS H+10%A-10+10A-10+10#LCM-1+1%CACL2+1/8#CELLOFLAKE, 200 SXS C+2%CACL2. 11/21/06 - 11/23/06 WOC. RUN TEMP SURVEY, TOC AT 820'. RIH W/ 1" PIPE, TAG AT 404', CEMENT W/ 840 SX CL C & H W/ 3-4%CACL, PUMP DOWN 1" IN 16 STAGES, WOC BETWEEN EACH STAGE AND TAG W/1" PIPE, CIRCULATED 3 SX CEMENT TO SURFACE. WOC TIME 44.5 HOURS.

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

SIGNATURE Kanicia Carrillo TITLE Regulatory Agent DATE 11/30/06

Type or print name KANICIA CARRILLO Telephone No. 432-262-4013

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any:

Accepted for record - NMOCD

12/5/06

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11/23/06 CUT OFF CONDUCTOR PIPE AND CASING WELD ON HEAD TEST HEAD TO 1000 PSI. NU BOP.  
11/24/06 NU BOP. TEST BOP AND ALL VALVES ON CHOKE 250 PSI AND 2000 PSI TEST ANNULAR 250 PSI AND 1500 PSI TEST ALL FLOOR VALVES, KELLY VALVES 250 PSI, 2000 PSI FUNCTION TEST ACCUMULATOR, OK.  
11/25/06 RIG REPAIRS. TIH TAG CEMENT AT 1220'. DRILL CEMENT AND PLUG TO 1271'. TEST CASING TO 1000 PSI, OK.

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

SIGNATURE [Signature] TITLE Regulatory Agent DATE 11/30/06

Type or print name KANICIA CARRILLO Telephone No. 432-262-4013

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