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Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District 1 Energy, Minerals and Natural Re	esources May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II ON CONCERNATION DIV	ISION 30-015-01289
1501 W. Grand Ave., Artisola, 1401 80210	5. Indicate Type of Lease
District III 1220 South St. Francis II 1000 Rio Brazos Rd., Aztec, NM 87410	STATE STEE STATE
District IV Santa Fe, NIVI 8/303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	E-10068
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMS-10) FOR SUC	H 51 EAST RED LAKE UNIT
PROPOSALS.)	8. Well Number 2Q
1. Type of Well: Oil Well Gas Well Other	<u>ئا</u>
2. Name of Operator	9. OGRID Number 36990
Lothian Oil	10. Pool name or Wildcat
3. Address of Operator	44/
200 N. LORAINE, STE. 400, MIDLAND, TX 79701	RED LAKE; QN-GB-SA EAST 51340
4. Well Location	
Unit Letter: L1980'_feet from theSOUTHline and660'_feet from theWEST line	
Section 36 Township 16-S Range 28-E	NMPM EDDY County
11. Elevation (Show whether DR, RKB,	
3,611' GR	
Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	
12. Check Appropriate Box to Indicate Nature	of Notice, Report or Other Data
NOTICE OF INTENTION TO	OUDOCOUCNT DEDOCT OF
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	IEDIAL WORK ☐ ALTERING CASING ☐
_	MMENCE DRILLING OPNS. □ P AND A □
PULL OR ALTER CASING MULTIPLE COMPL CAS	ING/CEMENT JOB
OTHER:	ED.
13. Describe proposed or completed operations. (Clearly state all pertine	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompletion.	
or recompletion.	
1) Gauge ring run.	
2) Set CIBP within 100' of top perf.	
3) Pressure up casing to 500#, hold for 30 min. Document with pr	ressure chart.
4) Cannot have more than 10% loss of pressure in 30 min.	
5) Displace with packer fluid.	
6) Notify OCD 24 to 48 hours prior to test.	
I hereby certify that the information above is true and complete to the best of	my knowledge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines , a ge	neral permit [] or an (attached) alternative OCD-approved plan [].
SIGNATURE: JESSE K. Sawson TITLE: Petroleum	Engineer DATE: December 20, 2006
J. Jan John T. Harden	DITTI, Describer 20, 2000
Type or print name Jesse K. Lawson E-mail address: jklawson@	ylothian.us Telephone No. 432-686-2458 or 686-2618
For State Use Only	J
Messal June	Geny Guye JAN 3 2007
APPROVED BY: TITLE DI	pury risid inspector DATE T
Conditions of Approval (if any): District II - Arlesia	