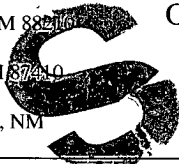


Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88215
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004



OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-35346
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Buckshot State Com
8. Well Number 1
9. OGRID Number 217955
10. Pool name or Wildcat Salt Draw, Morrow, West (Gas)

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

2. Name of Operator
OGX Resources

3. Address of Operator
POB 2064, Midland, TX 79701

4. Well Location
 Unit Letter I 1980' feet from the South line and 1250' feet from the East line
 Section 31 Township 24S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3033'

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 _____

OCT 03 2007
 OCD-ARTESIA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

1st Intermediate Casing:

4-15-2007 RIH w/ 58 jts. 9 5/8" 36# K-55 ST&C csg. Casing set @ 2415'. Pumped 30 bbl mud clean & 10 bbl fresh water spacer. Cemented w/ Lead cmt: 600 sx 50:50 POZ class C cmt. + 5% Sodium Chloride + 0.25 lbs/sk Cello Flake + 5 lbs/sk Bentonite + 134.8% fresh water. Yield =2.45, slurry wt. =11.8. Tail cmt.: 200 sx class C cmt. + 2% CaCl + 56.4% fresh water. Yield =1.34, slurry wt. =14.8. Circulated 234 sx of cement to reserve pit. NU BOP and test to 5000 psi for 30 minutes. WOC 23.5 hrs. total. Reduce hole size to 8 3/4" and resume drilling.

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 general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Angela Lightner TITLE Consultant DATE 10/01/2007

Type or print name _____ E-mail address: angela@rkford.com Telephone No. 432-682-0440

For State Use Only **FOR RECORDS ONLY** **OCT 10 2007**

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):