Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, 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

JUN - 8 2009

Form C-103
Revised March 25, 1999

WELL API NO. 30-015-06192
5 Indicate Type of Lease STATE [X] FEE [ ]
6 State Oil & Gas Lease No. BL-635

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.)

7 Lease Name or Unit Agreement Name: Leonard State

1. Type of Well: Oil Well [ ] Gas Well [ ] Other Salt Dome Storage
2. Name of Operator: Loco Hills GSF LTD
8 Well No. #1
3. Address of Operator: 1231 Old Artesia Rd Aloda, Texas 79008
9 Pool name or Wildcat
4. Well Location
Unit Letter L 2067 feet from the South line and 1123 feet from the West line
Section 22 Township 17-S Range 29-E NMPM County Eddy
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:				SUBSEQUENT REPORT OF			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	MULTIPLE COMPLETION	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]			OTHER: MIT & Nitrogen Test	[ ]		

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 recompilation

June 3, 2009
1. MIT on casing 370# for 30 minutes (chart enclosed)
Tension Packer set 5223 ft. (T.D. 5251)
2. Ran Sonar on well #1

June 4, 2009 Injected Nitrogen for Open hole Test

June 5, 2009 Ran open hole Nitrogen test 270# for 4 hours, Chart enclosed

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

SIGNATURE John B Smith TITLE Technical Operator DATE 6-5-09

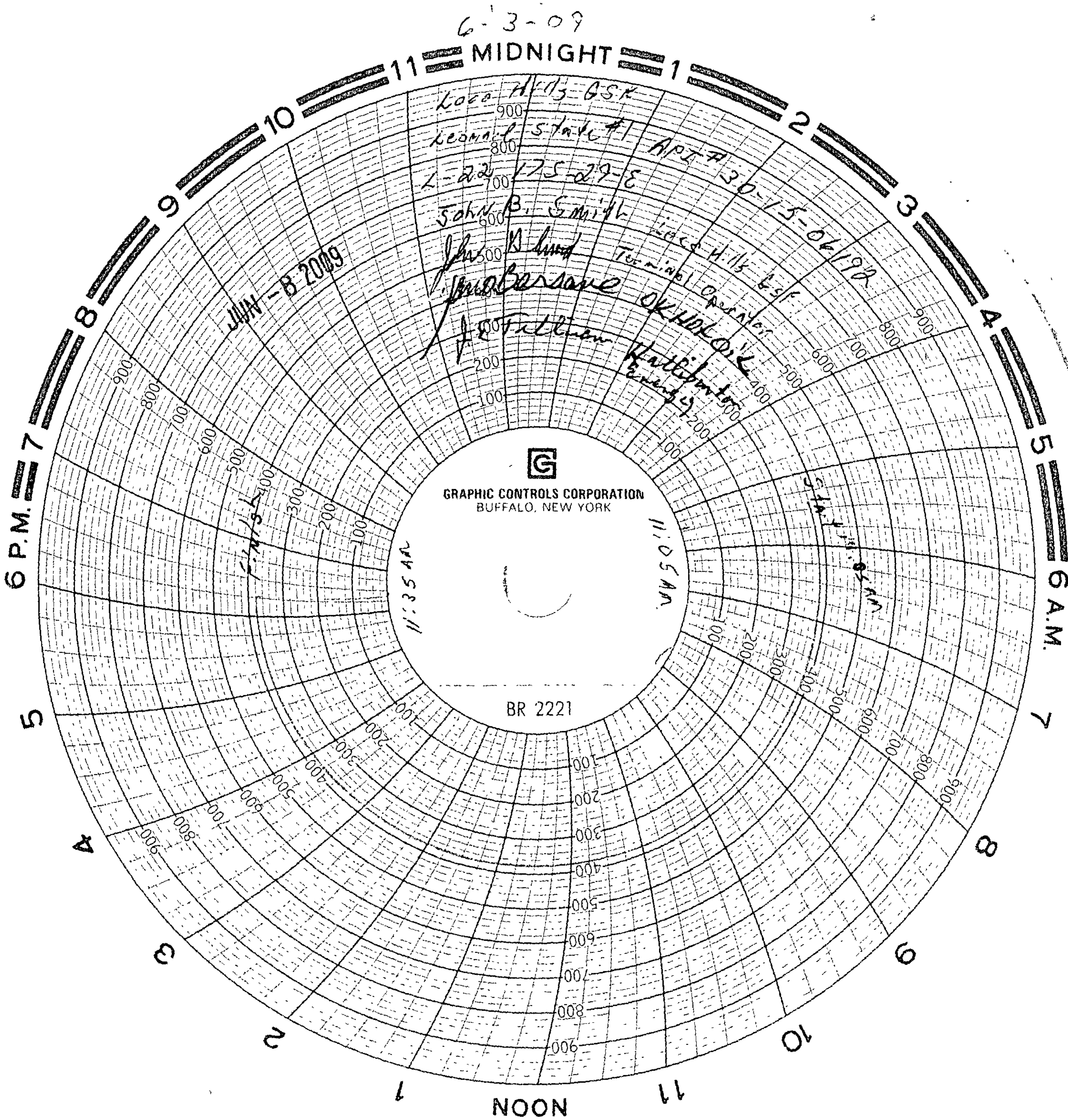
Type or print name John B Smith Telephone No. (575) 677-2331

(This space for State use)

APPPROVED BY _____ TITLE _____ DATE JUN 09 2009

Accepted for record
NMOCD

Conditions of approval, if any


6-3-09
MIDNIGHT
6 P.M.
6 A.M.
NOON
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
JUN - 8 2009
John B. Smith
Terminal Operator
11:05 AM
11:35 AM

JUN - 8 2009

Wildcat Measurement Service, Inc.

416 East Main Street
P.O. Box 1836
Artesia, New Mexico 88211
Office: (575)746-3481
Toll Free: 1-888-421-9453

Calibration Certificate

Company Name: OK Hotoil.
Recorder Type: Bristol.
Recorder Serial:# MFG-1877.

Recorder Pressure Range: 0-1000# Accuracy +/-: 0.2% PSIG
Temperature Range:_____ Deg F.

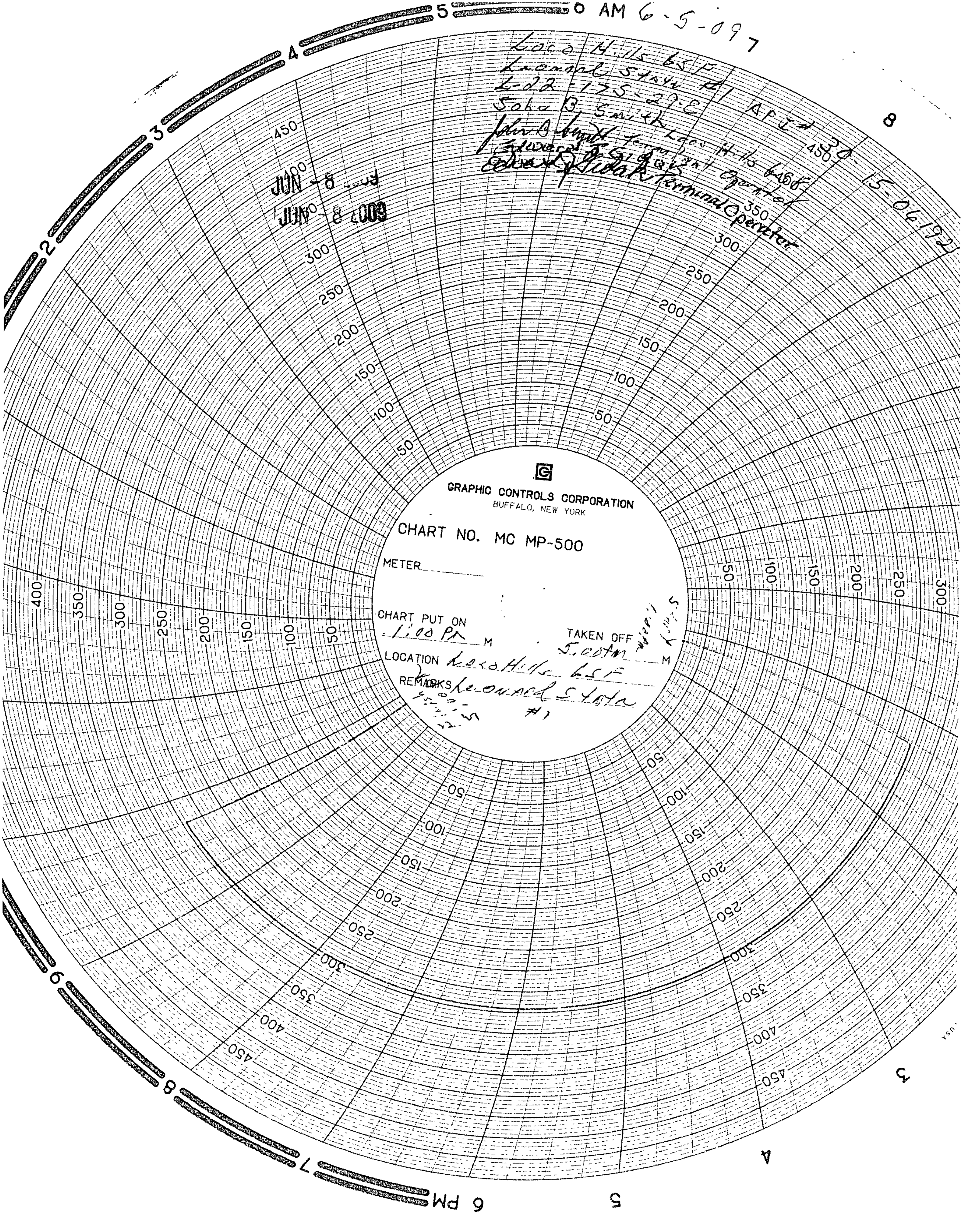
Increasing Pressure			Decreasing Pressure		
Applied Pressure	Indicated Pressure	Error%	Applied Pressure	Indicated Pressure	Error%
0.0#	0.0#	0	800#	800#	0
100#	100#	0	600#	600#	0
300#	300#	0	400#	400#	0
500#	500#	0	200#	200#	0
700#	700#	0	0.0#	0.0#	0
1000#	1000#	0			

Temperature Test		
Applied Temperature	Indicated Temperature	Error%

Certified Calibration Instrument Used
Gauge: Crystal
Deadweight:_____.

Remarks:_____.
_____.
_____.

Calibration Da 5/29/2009
Technician:_____ Troy Sutherland



6 AM 6-5-09
7
8
Loco Hills GSF
Leonard State #1
L-22 17S-29-E
API # 30-15-06192
John B. Smith
Loco Hills GSF Terminal Operator
Edward J. Gidak Terminal Operator
JUN - 8 2009
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON 1:00 PM
TAKEN OFF 5:00 AM
LOCATION Loco Hills GSF
REMARKS Leonard State #1
6 PM

Wildcat Measurement Service, Inc.

416 East Main Street
P.O. Box 1836
Artesia, New Mexico 88211
Office: (575)746-3481
Toll Free: 1-888-421-9453

JUN -8 2009

Calibration Certificate

Company Name:Loco Hills GFS_____.
Recorder Type: Barton_____.
Recorder Serial:# 265-13819_____.

Recorder Pressure Range: 0-500#_____ Accuracy +/-: 0.2%___ PSIG
Temperature Range:_____ Deg F.

Increasing Pressure			Decreasing Pressure		
Applied Pressure	Indicated Pressure	Error%	Applied Pressure	Indicated Pressure	Error%
0.0#	0.0#	0	400#	400#	0
50#	50#	0	300#	300#	0
150#	150#	0	200#	200#	0
250#	250#	0	100#	100#	0
350#	350#	0	0.0#	0.0#	0
500#	500#	0			

Temperature Test		
Applied Temperature	Indicated Temperature	Error%

Certified Calibration Instrument Used
Gauge: Crystal_____
Deadweight:_____.

Remarks:_____,
_____,
_____.

Calibration Da 6/3/2009

Technician: C. Montgomery_____ Chandler Montgomery