

OCD-ARTESIA UNITEDSTATES DEPARTMENT OF THE INTERIOR

FORMA	.PPROVED
	o, 1004-0137
Expires	March 31, 200

SEP 3 0 2009 BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

NM-101081 6 If Indian Allottee or Tube Name

5 Lease Serial No.

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.			o if indian, Another of Tripe Name				
SUBMIT IN TRIPLICATE - Other instructions on reverse side.			se side.	7 If Unit or CA/Agreement, Name and/or No			
1 Type of Well GasWell Other				8. Well Name and No			
2. Name of Operator				1625 FEDERAL COM 211			
LCX Energy, LLC.				9. API Well No.			
3a. Address 3b PhoneNo (include area code)				30-015-34445			
110 North Marienfeld, Suite 200 Midland TX 79701 (432)262-4014			14	10 Field and Pool, or Exploratory Arca COTTONWOOD CREEK-WOLFCAMF			
4. Location of Well (Footage, Sec., T., R, M., or Survey Description)			11 County or Parish, State				
660 EAST 990 SOUTH Sec: 21, T: 16S, R: 25E				EDDY NM			
12. CHECK A	PPROPRIATE BOX(ES)TO IN	DICATE NATUR	E OF NOTICE, RE	PORT, OR	OTHER DA	ГА	
TYPE OF SUBMISSION		TYF	EOF ACTION				
Notice of Intent Subsequent Report Final Abandonment Notice	AlterCasing Casing Repair Change Plans	Deepen FractureTreat New Construction Plug and Abandon Plug Back	Production (Star Reclamation Recomplete Temporarily Aba	[Water Shu Well Integr X OtherWater Productor Disposa	tion &	
following completion of the invitesting has been completed. Fir determined that the site is ready. The amount of water the The water is stored in a	the work will be performed or provide to volved operations. If the operation results all Abandonment Notices shall be filed by for final inspection.) • Cottonwood Creek; Wolfd all 300 barrel water tank on sat C-21-21S-27E, 660 FNL	Its in a multiple comp I only after all require camp formation ite then trucked	letion or recompletion in ments, including reclama n produces on a d	n a new interva ation, have bee daily basis	l, a Form 31604 n completed, an is 4 barrel	4 shall be filed once d the operator has S.	
RI 109		S /s/ . B UREAU C	ED FOR RE EP 2 9 2009 JD Whitlock . F LAND MANAGEN BAD FIELD OFFICE	J	A FERREN MEXICO	RECEIVED RECEIVED RECEIVED	
14 I hereby certify that the foregoest Name (Printed/Typed)	going is true and correct						
Jenifer Sorley	^	Title	Regulatory Analy	/st			
Signature	Jaly	Date	08/25/2009				
	THIS SPACE FOR FEI	DERAL OR ST	TATE OFFICE U	JSE			
certify that the applicant holds lega which would entitle the applicant		s not warrant or ne subject lease	fice	Da			
States any false, fictitious or fraud	tle 43 U.S.C. Section 1212, make it a c dulent statements or representations	as to any matter wit	nowingly and willfully to hin its jurisdiction	o make to any	uepartment or a	gency of the United	