

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

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

RECEIVED MAR 20 2014

WELL API NO. 30-15-06192
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. AL-635
7. Lease Name or Unit Agreement Name: Leonard State

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 [X] Other salt Dome Storage

2. Name of Operator Loco Hills GSF LTD.

3. Address of Operator 1231 Old Annetta Rd Alledo, TX 76008

4. Well Location Unit Letter L : 2069 feet from the south line and 119.3 feet from the west line Section 22 Township 17-5 Range 29E NMPM County Eddy

8. Well No. 1

9. Pool name or Wildcat

10. Elevation (Show whether DR, RKB, RT, GR, etc.) GR

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [X] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPLETION []
OTHER: []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
OTHER: []

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.

Sonar Test of well for Capacity, And Configuration
After Sonar Test run MIT test on casing (300 psig for 30mins.)
Chart Recorded
Open hole Nitrogen test Appr. 300# for 4 hours.
Chart Recorded

Estimated start date April 2, 2014

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

SIGNATURE [Signature] TITLE Terminal Operator DATE 3/20/14

Type or print name Tyson Brown Telephone No. (575) 677-2331

APPROVED BY [Signature] TITLE Dist Supervisor DATE 3/27/2014

Conditions of approval, if any: