

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

Form C-103  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-005-60207</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>INJ. well</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Lothian Oil Texas I, Inc.		6. State Oil & Gas Lease No. <u>NM 0232568 A</u>
3. Address of Operator P.O. Box 450, 303 W. Main, Ste. 300, Artesia, N.M. 88210		7. Lease Name or Unit Agreement Name <u>South Lucky Lake Queen Unit</u>
4. Well Location Unit Letter <u>L</u> : <u>2310</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>West</u> line Section <u>22</u> Township <u>15S</u> Range <u>29E</u> NMPM County <u>Chavez</u>		8. Well Number <u>Track 2 #1 1-0</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3,845 G.L.</u>		9. OGRID Number 236040
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☒  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

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.

2-2-06

Key Well Service Found Hole in Tubing, Replaced old tubing w/ New plastic Coated 2 3/8. Tested Casing w/ Packer + plug, Found Hole in top ST. of Casing. Replace Top ST. of Casing, RBit w/ 2 3/8 x 5 1/2 R-4 Packer & Set at 1683'. Pressure Tested Casing w/ Mr. Gaye Present. Put well Back on.

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

[Signature]

TITLE

Production Foreman TE 2-6-06

Type or print name Casey Davidson

E-mail address: cdavidson@aol.com

Telephone No. 505-746-4448

For State Use Only

APPROVED BY:

TITLE

Accepted for record - NMOCD

DATE

Conditions of Approval (if any):