Submit 3 Copies To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised May 08, 2003

W	ELL API NO	·					
	30-0	15-34	4854				
5.	. Indicate Type of Lease						
	STATE	\mathbf{x}	FEE				
_	State Oil Par	Cart	NI-				

District I 1625 N. French Dr., Hobbs, NM 87240 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 SUNDRY NOTICES AND REPORTS ON WE	5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name:						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10 PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator LCX Energy, LLC	8. Well Number 218885 9. OGRID Number						
3. Address of Operator 110 N. Marienfeld, Ste. 200, Midland, TX 79701 4. Well Location	10. Pool name or Wildcat ST line and 760 feet from the SOUTH line						
11. Elevation (Show whether	Range 25E NMPM County EDDY DR, RKB, RT, GR, etc.) 2' GR						
12. Check Appropriate Box to Indicate NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: REMEDIAL WORK						
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB						
OTHER: 13. Describe proposed or completed operations. (Clearly state all of starting any proposed work). SEE RULE 1103. For Multiple or recompletion.	OTHER: FRAC CONTINUED pertinent details, and give pertinent dates, including estimated date completions: Attach wellbore diagram of proposed completion						
1/26/07 - 1/30/07 MIRU PULLING UNIT. SICP 1650 PSI. RIG UP WIRELINE. RIH W/ GR & JB TO 4740'. RIH W/ PACKER W/ GLASS DISK ON WL AND SET AT 4635'. POOH. BLOW WELL DOWN. RIH W/ ON-OFF TOOL AND 2 3/8" J55 TUBING, SPACE OUT AND NU TREE. CIRCULATE PACKER FLUID. LATCH ON TO PACKER, TEST PACKER TO 1500 PSI, OK. RIH W/ PUNCH ON SWAB LINE, KNOCK OUT GLASS AND PULL SWAB. MAKE 1 SWAB RUN AND KO WELL. FLOW TESTING WELL. WO GAS LINE.							
I hereby certify that the information above is true and complete to the best of SIGNATURE							

I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNATURE COST	TITLE	Regulatory Agent	DATE _	02/05/07	_			
Type or print name KANICIA CARRILLO			Telephone No.	432-262-4013				
(This space for State use)				. (•			
APPROVED BY Accepted for record - NMOCD	TITLE		DATE Z	1/19/01				
Conditions of approval, if any:				V				