Submit 3 Copies To Appropriate State of New Mexico Form C-103 District Office Revised March 25, 1999 Energy, Minerals and Natural Resources DISTRICT I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION 30-025-27984 DISTRICT II 811 South First, Artesia NM 88210 2040 South Pacheco Indicate Type of Lease DISTRICT III Santa Fe, NM 87505 STATE 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 S. Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 PROPOS-ALS) 1. Type of Well: Oil Well Gas Well Other Post 2. Name of Operator 8. Well No. Lindenmuth & Associates, Inc. 1 3. Address of Operator 9. Pool name or Wildcat 510 Hearn Street, Suite 200, Austin, Texas 78703 King Wolfcamp Well Location Unit letter 990 feet from the **South** line and **1650** feet from the West line Section Township 14S Range 37E **NMPM** County 10. Elevation (Show whether DF, 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 **CHANGE PLANS** COMMENCE DRILLING OPNS. П TEMPORARILY ABANDON PLUG AND **ABANDONMENT** П П PULL OR ALTER CASING MULTIPLE CASING TEST AND CEMENT JOB COMPLETION OTHER: 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. Per conversation with Billy Pritchard, Lindenmuth and Associates plans on setting a CIBP @ 9350' in the Post #1 (50' above top perf) and the well will be tested to 500 psi and temporarily abandoned. If the test is unsuccessful, we will locate any leaks and isolate and test per OCD rules to effect a proper TA. These operations will be completed within 30 days. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Operations Manager DATE 3/02/05 Type or print name Gordon H. Deen OC FIELD REPRESENTATIVE IVSTAFF MANAGES Telephone No. 512-322-9779 (This space for State use)

______DATE_MAR_0 8 2005

APPROVED BY

Conditions of approval,