Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 HOBS SQNSERVATION DIVISION		30-025-40403 5. Indicate Type of Lease	
District III I I I I I I I I I I I I I I I I I		STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BEFOR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name LENNOX UNIT "32" STATE
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator CAZA OPERATING, LLC.			8. Well Number , 1H 9. OGRID Number 2/0000
			249099 /
3. Address of Operator 200 NORTH LORAINE SUITE 1550 MIDLAND, TEXAS 79701			10. Pool name or Wildcat ROCK LAKE-BONE SPRING
4. Well Location Unit Letter B: 330' feet from the NORTH line and 1980' feet from the EAST line			
Section 32	Township 22S Rar		NMPM County LEA CO.
	11. Elevation (Show whether DR, 3525' GL	RKB, RT, GR, etc.)	<i>y</i>
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUB: REMEDIAL WORK COMMENCE DRII CASING/CEMENT	LLING OPNS. P AND A
OTHER: CHANGE NAME OF		OTHER:	П
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.			
1. CAZA OPERATING, LEC. requests the approval to change the manufacture below listed well.			
FROM: LENNOX "32" STATE # 1H FROM: LENNOX "32" STATE # 1H FROME AND THE STATE # 1H FROME AND THE STATE # 1H			
TO: LENNOX UNIT "32" STATE #1H POOL CODE 52 1012			
PEFF. DATE			
		page of the second	
Spud Date:	Rig Release Dat	e:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
A state and complete to the dest of my knowledge and benefit.			
SIGNATURE JOST	ANUL TITLE Permi	t Eng.	DATE 02/10/12
Type or print pame Joe T. Can: For State Use Only	E-mail address:	joejanica@val	PHONE: 575-391-8503
APPROVED BY: Conditions of Approval (if any):	TITLE S72	aff mas	DATE Z-14-2012