

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

WELL API NO. GOVERNMENT "E" #1
5. Indicate Type of Lease FED STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> Federal
6. State Oil & Gas Lease No. 30-025-23708
7. Lease Name or Unit Agreement Name GOVERNMENT "E"
8. Well Number #1
9. OGRID Number
10. Pool name or Wildcat LEA BONE SPRING

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD	
2. Name of Operator LOO RAY OIL COMPANY LLC.	
3. Address of Operator 1009 WEST BROADWAY HOBBS, N.M. 88241	
4. Well Location Unit Letter N : 610 feet from the SOUTH line and 1880 feet from the WEST line Section 25 Township 19S Range 34E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Repair Tubing Leak <input checked="" type="checkbox"/>		OTHER: Rep Tub Leak <input checked="" type="checkbox"/>	

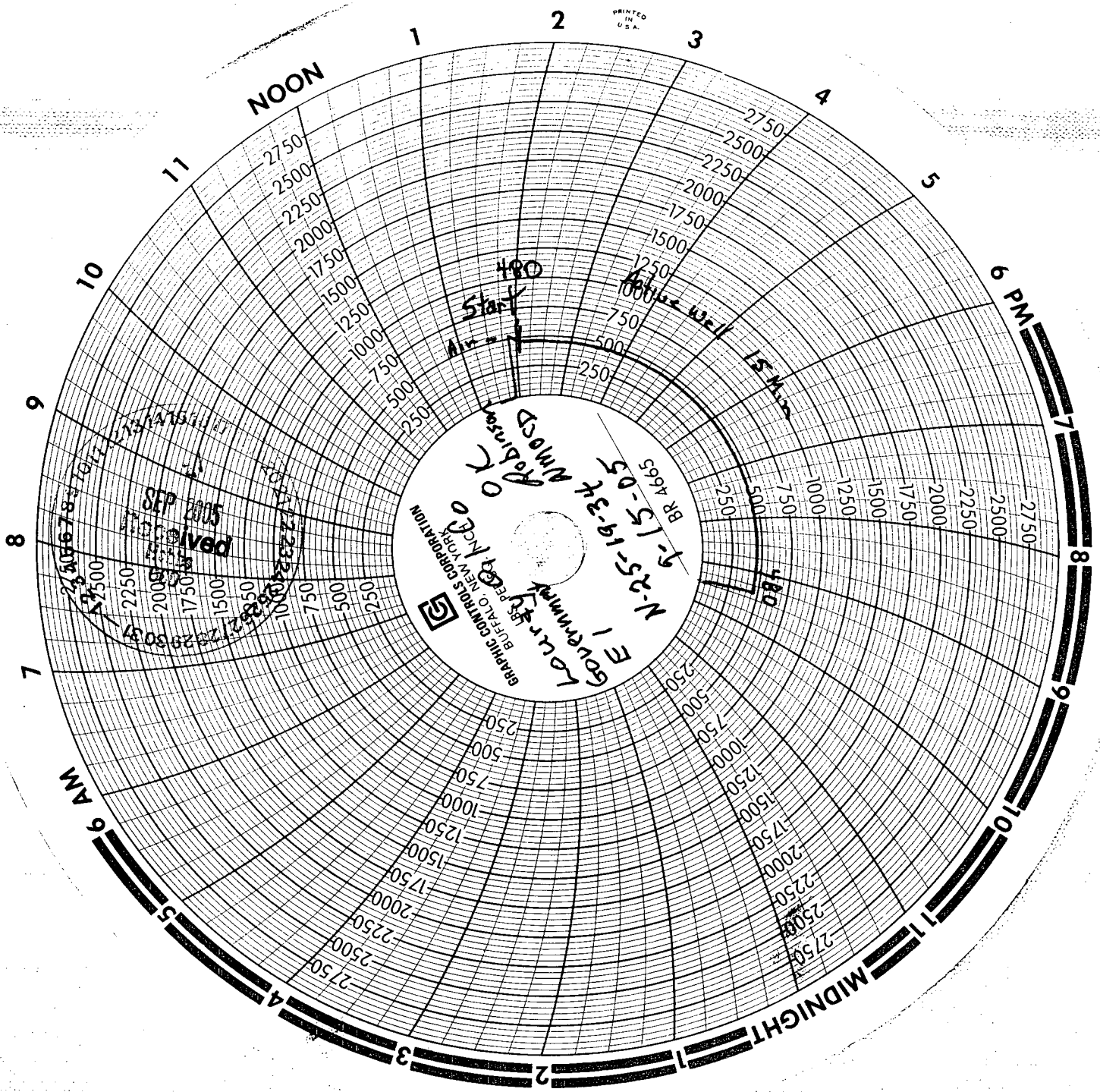
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. UNCAP THE WELL AND RELEASE THE ON-OFF TOOL.
2. PULL TUBING UP AND FOUND 4 BAD COLLARS ON TOP.
3. REPLACED COLLARS AND LATCHED BACK ON TO PACKER
4. CAPPED WELL OFF.
5. TESTED ANNULUS TO 400 lbs FOR 30 MINUTES
TESTED GOOD. 9/15/05

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 **Louis G. Edgett** TITLE **OWNER** DATE **9-15-05**
Type or print name **LOUIS G. EDGETT** E-mail address: **LEDGETT3@AOL.COM** Telephone No. **505 631-3391**
For State Use Only OC FIELD REPRESENTATIVE II/STAFF MANAGER
APPROVED BY: **Kay W. Wink** TITLE _____ DATE **SEP 19 2005**
Conditions of Approval (if any): _____

PRINTED
IN
U.S.A.



6 AM

NOON

6 PM

MIDNIGHT