

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

March 4, 2004

WELL API NO. 30025270240006

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
NM 42658

7. Lease Name or Unit Agreement Name  
Buckskin Federal

8. Well Number  
2

9. OGRID Number

10. Pool name or Wildcat  
Dollarhide Queen

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  Gas Well  Other SWD SEP 22 2014

2. Name of Operator  
Lanexco, Inc. RECEIVED

3. Address of Operator  
P.O. Box 2730, Midland, TX 79702

4. Well Location  
Unit Letter N : 554 feet from the South line and 1874 feet from the West line.  
Section 18 Township 24 Range 38 NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3174' GL

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL Sect Twp Rng Pit type Depth to Groundwater Distance from nearest fresh water well  
Distance from nearest surface water Below-grade Tank Location UL Sect Twp Rng ;  
feet from the line and feet from the line

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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>MIT (MP &amp; MB) Failed</u> <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.

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 Charles L. Mann TITLE Prod. Supt. DATE 9/19/14

Type or print name Charles L. Mann E-mail address: Telephone No. 395-3056

(This space for State use)

APPROVED BY Bill Sherman TITLE Staff Manager DATE 9/23/2014

Conditions of approval, if any:

FOR RECORD ONLY

SEP 25 2014

