

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

Form C-103
 March 4, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.
300 252 702 ~~40658~~

5. Indicate Type of Lease
 STATE FEDERAL

6. State Oil & Gas Lease No.
NM 40658

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
 Oil Well Gas Well Other SWD

HOBBS OCD
OCT 20 2014

7. Lease Name or Unit Agreement Name
Buckskin Federal

8. Well Number
2

2. Name of Operator
Lanexco, Inc.

RECEIVED

9. OGRID Number

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

10. Pool name or Wildcat
Dollarhide Queen

4. Well Location
 Unit Letter N : 554 feet from the South line and 1874 feet from the West line.
 Section 18 Township 24S Range 38E 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>Retest MIT</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.

Repaired tbg leak 10/8/14 to 10/13/14 and clean out well bore. Repair injection pln. Retest on MIT. 10/14/14.

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 10/15/14
 Type or print name Charles L. Mann E-mail address: Telephone No. 575-390-3937

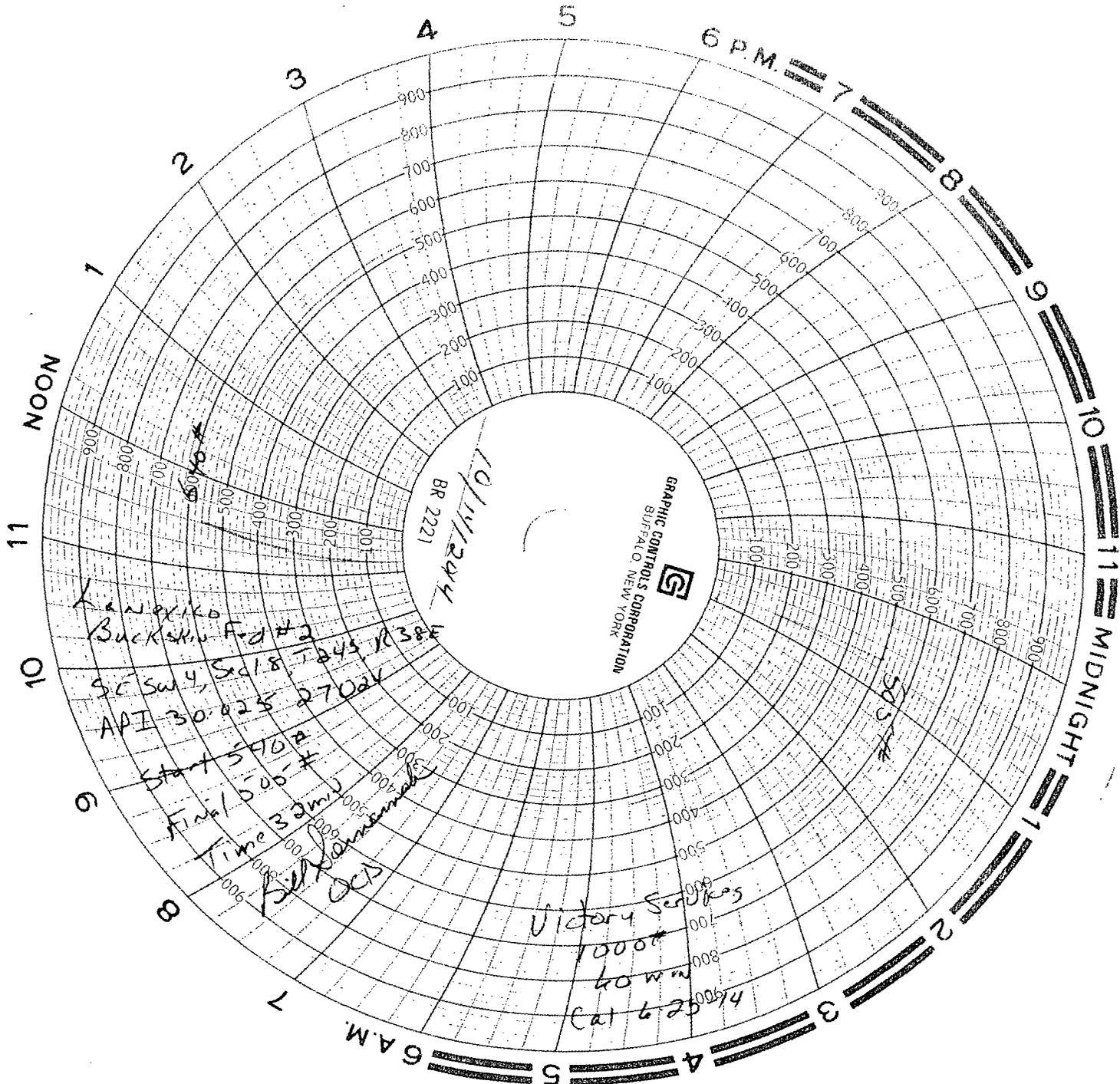
(This space for State use)

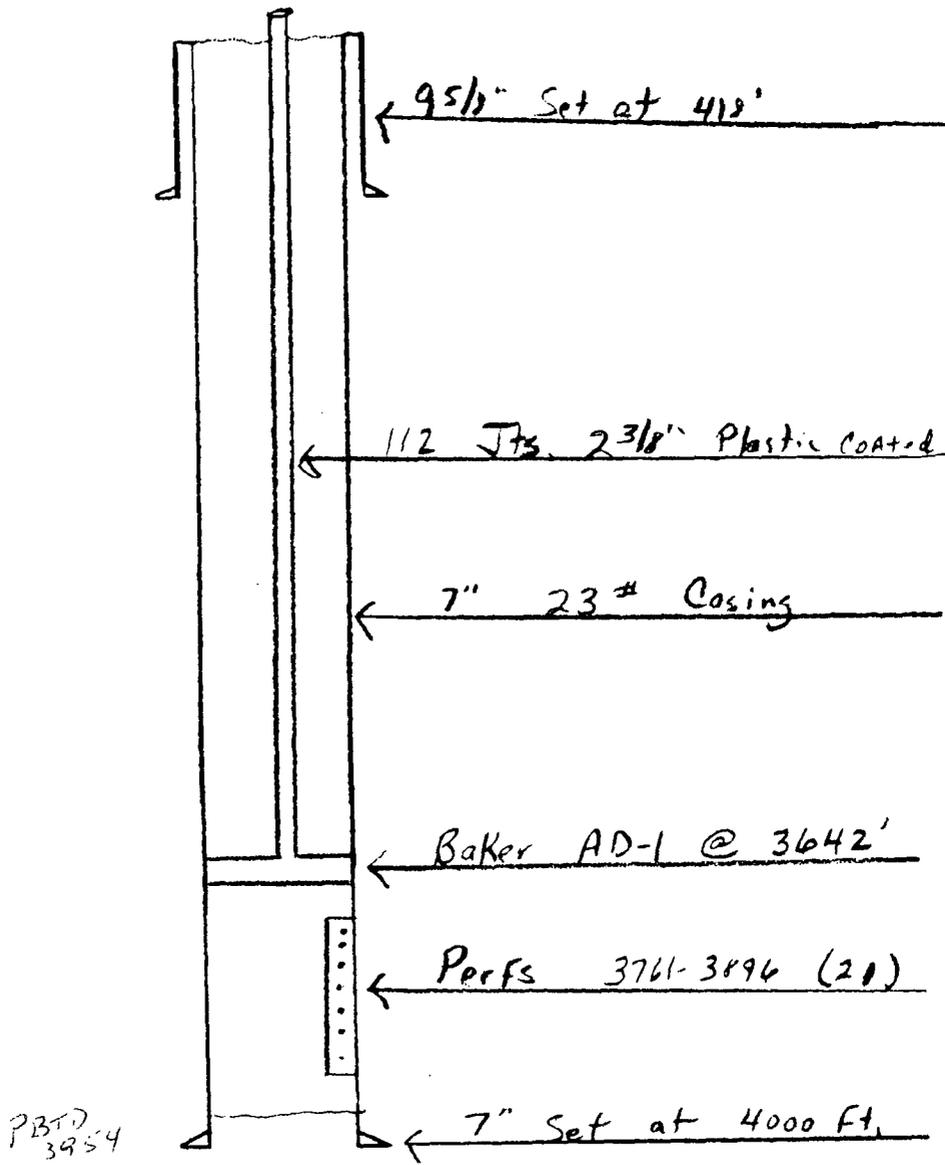
APPROVED BY Sep. Samawaha TITLE Staff Manager DATE 10/24/2014
 Conditions of approval, if any:

FOR RECORD ONLY
OCT 27 2014

FOR RECORD ONLY

BR 10/12/2014





Buckskin Federal No. 2 SWD.

BS 10/24/2014

