Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-36383

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: ALVES

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: LANEXCO, INC.

8. Well No.: #4

3. Address of Operator: 1105 WEST KANSAS, JAL, NM 88252

9. Pool name or Wildcat: EUNICE (SAN ANDRES)

4. Well Location
Unit Letter H : 1800 Feet From The NORTH Line and 660 Feet From The EAST Line

Section 18 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3483 GL

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 ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☒	
OTHER: ☐		OTHER: Run 5½ and cement ☐	

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.

9-10-Cut off 8 5/8". Weld on bell nipple. Install 8 5/8 X 5½ casing head. Nipple up BOP and test to 500 PSI. Drill out shoe jt and drill 7 7/8 hole to TD.

9-13-TD 4300 ft. Run 102 jts 5½-4336ft. Cement with 702 sx 50/50 POZ/C. (402 sx. 11.9 lb/gal, 300 Tail 14.2 lb/gal) Circulate 91 sacks to pit. Set slips in 8 5/8" X 5½" Csg head ND BOP. Cut off 5½. Release rig.

RECEIVED OCT 2003 Hobbs OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mike Copeland TITLE PRODUCTION SUPT. DATE 10-7-03

TYPE OR PRINT NAME MIKE COPELAND TELEPHONE NO. 505-395-3056

(This space for State Use)

APPROVED BY Gary W. Wink TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 16 2003

CONDITIONS OF APPROVAL, IF ANY: