

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0133
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMLC060942
2. Name of Operator LANEXCO, INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 1105 WEST KANSAS, JAL, NM 88252 505-395-3056	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SESE 11, 25S, 37E Unit P	8. Well Name and No. JUSTIS C FED #2
	9. API Well No. 30-025-26700
	10. Field and Pool, or Exploratory Area LANGLIE MATTIX 7RQGB
	11. County or Parish, State LEA NM

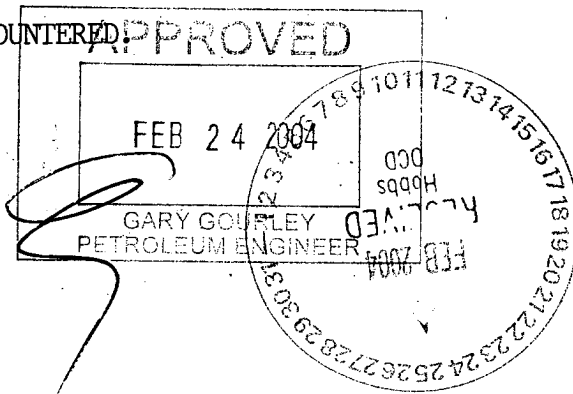
12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	

RETURN TO PRODUCTION
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

THIS WELL WAS TA'D BY SID RICHARDSON, BECAUSE THEY TOOK OFF GAS METER, DUE TO LOW GAS VOLUME. LANEXCO, INC. WILL SET ANOTHER GAS COMPRESSOR ON THIS WELL AND REQUEST THE GAS PURCHASER RE-INSTALL GAS METER. THIS WORK SHOULD START BY 2/24/04 AND THE WELL SHOULD BE PRODUCING BY 2/27/04 IF NO PROBLEMS ARE ENCOUNTERED.



14. I hereby certify that the foregoing is true and correct

Signed Mike Capel Title PRODUCTION SUPT. Date 2-18-04

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

GWW