HO. OF COPIES RECEIVED	• • • •	Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	·	
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
<b>4</b>		LG 1044
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.)		
OIL GAS WELL WELL	OTHER-	7, Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Llano, Inc.		
3. Address of Operator		Lusk State
P O Bo	x 1320 Hobbs, New Mexico 88240	JL 1
4. Location of Well	x 1320 HODDS, New Mexico 66240	10. Field and Pool, or Wildcat
M	660 South 660	Totals Character
UNIT LETTER	660 FEET FROM THE SOUTH LINE AND 660 FEET F	ROM Lusk Strawn
THE West LINE SECTION	32 10 Court 22 D	
THE WEST LINE, SECTION	on 32 township 18 South range 32 East nm	ием. <b>(                                    </b>
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
le. Charle	Annual Des Total Line No.	Lea ()
	Appropriate Box To Indicate Nature of Notice, Report or	
NOTICE OF IN	NTENTION TO: SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	_
200 1	Delow X	
OTHER SEE I	below x	
17. Describe Proposed or Completed On	perations (Clearly state all pertinent details, and give pertinent dates, includ	diameter and desired
work) SEE RULE 1103.		ting estimated date of starting any proposed
		•
Upon completion of	the formation of the Lusk Strawn Deep Unit an	nd final U.S.G.S.
approval, the Lusk State No. 1 well will be converted for injection of extraneous		
gas or used as an observation or producing well under secondary recovery operations		
of the Lusk Strawn Deep Unit Pressure Maintenance Program.		
	•	
	Expires 10/1/25	
	FXFIVES 10/1/75	
At present well is	shut-in.	
	. ~	
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
	V//	
- Linald	11/05/08 11 King	
SIENED	TITLE TITLE	DATE
	a / H	
mand	LATE CITEDITION DESCRIPTION	rı 061 28 1974 -
APPROVED BY	SUPERVISOR DISTRIC	DATE WELL AS 1011
CONDITIONS OF APPROVAL, IF ANY:		
$ \mathcal{U} $	•	