

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

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

WELL API NO.	30-025-30841
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

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

2. Name of Operator
LBO NEW MEXICO, INC.

3. Address of Operator
4101 BIRCH STR. NEWPORT BEACH, CA 92660 **

4. Well Location
Unit Letter B : 990 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 26 Township 19S Range 38E NMPM LEA County

7. Lease Name or Unit Agreement Name
LIA

8. Well No.
#2

9. Pool name or Wildcat
DRINKARD/ABO

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

11. 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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

APRIL 27, 1990 - PLUG/ABANDON WELL

SET CEMENT PLUG 100' ABOVE D.P. STUB 4535'
CEMENT PLUG 100' 4375'-4275'
CEMENT PLUG 100' 2925'-2825'
CEMENT PLUG 100' 1625'-1525'
CEMENT PLUG 100' 500'-400'
SURFACE PLUG 10 SX @ SURFACE - ERECTED DRY HOLE MARKER

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

SIGNATURE [Signature] TITLE PRESIDENT DATE 4/17/90

TYPE OR PRINT NAME RAYMOND A. DIAZ TELEPHONE NO. 714-365-0100

(This space for State Use)

APPROVED BY [Signature] TITLE Ad. Rep. DATE 2-4-03

CONDITIONS OF APPROVAL, IF ANY:

** ADDRESS CHANGED TO: 28202 CABOT RD. #250, LAGUNA NIGUEL, CA. 92677