Submit 1 Copy To Appropriate District Office.	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283	OH CONSERVATION DIVISION	30-015-23452
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1 C, IVIVI 67505	6. State Oil & Gas Lease No.
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	STATE B IIII
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 013
2. Name of Operator CFM OIL COMPANY LLC.		9. OGRID Number 28554
3. Address of Operator P.O. BOX 1176 ARTESIA,	NM 88211	10. Pool name or Wildcat EMPIRE, YATES-7RIVERS EAST
4. Well Location Unit Letter	1650 feet from the N line and 2	310 feet from the E line
Section 22	Township 17S Range 28E	NMPM County EDDY
	11. Elevation (Show whether DR, RKB, RT, GR, et	c.)
10 01 1	A COLUMN COLUMN	B O B .
	Appropriate Box to Indicate Nature of Notice	•
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	· · · · · · · · · · · · · · · · · · ·	PRK ☐ ALTERING CASING ☐ RILLING OPNS.☐ PANDA █️
PULL OR ALTER CASING		-
DOWNHOLE COMMINGLE	1	
CLOSED-LOOP SYSTEM OTHER:	OTHER:	m
13. Describe proposed or com	pleted operations. (Clearly state all pertinent details, a	
of starting any proposed we proposed completion or re	rork). SEE RULE 19.15.7.14 NMAC. For Multiple C	Completions: Attach wellbore diagram of
9-13-18	completion.	
RIGED UP		
PULLED RODS AND TUBING		
BAILED DRY		
	WITH 63 SACKS OF CEMENT	OFOER one
RIG DOWN	- WITH GO ON ONCO OF GEMENT	RECEIVED
SET DRY HOLE MAR	KF	1441 6 6 6 6 6
CLEANED LOCATION		JAN 0 3 2019
		DISTRICT II-ARTESIA O.C.D.
<u> </u>		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
	1 OWNER	12 5 19
SIGNATURE PROPERTY	TITLE OWNER	DATE 12-5-18
Type or print name LOUIS F	ULTON E-mail address: cfmoilcomp@	@outlook.com PHONE: 575-746-3099
For State Use Only	2 1101 Gan 200.	
APPROVED BY:	TITLE STATE ON	DATE 1/8/19
Conditions of Approval (if any):		