

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-09807</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>BROWN</b>
8. Well Number <b>5</b>
9. OGRID Number <b>141402</b>
10. Pool name or Wildcat <b>SWD, YATES RIVERS</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY RECEIVED 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 **SWD (R-5196)**

2. Name of Operator  
**FULFER OIL & RATTLE, LLC.**

3. Address of Operator  
**PO BOX 1224 JAL, NM 88252**

4. Well Location  
Unit Letter **E** : **1650** feet from the **N** line and **990** feet from the **W** line  
Section **25** Township **25S** Range **36E** NMPM County **LEA**

12. 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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**INTEGRITY & BRADEN HEAD TEST WERE PERFORMED  
SEE ATTACHED CHART.**

Spud Date:

Rig Release Date:

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

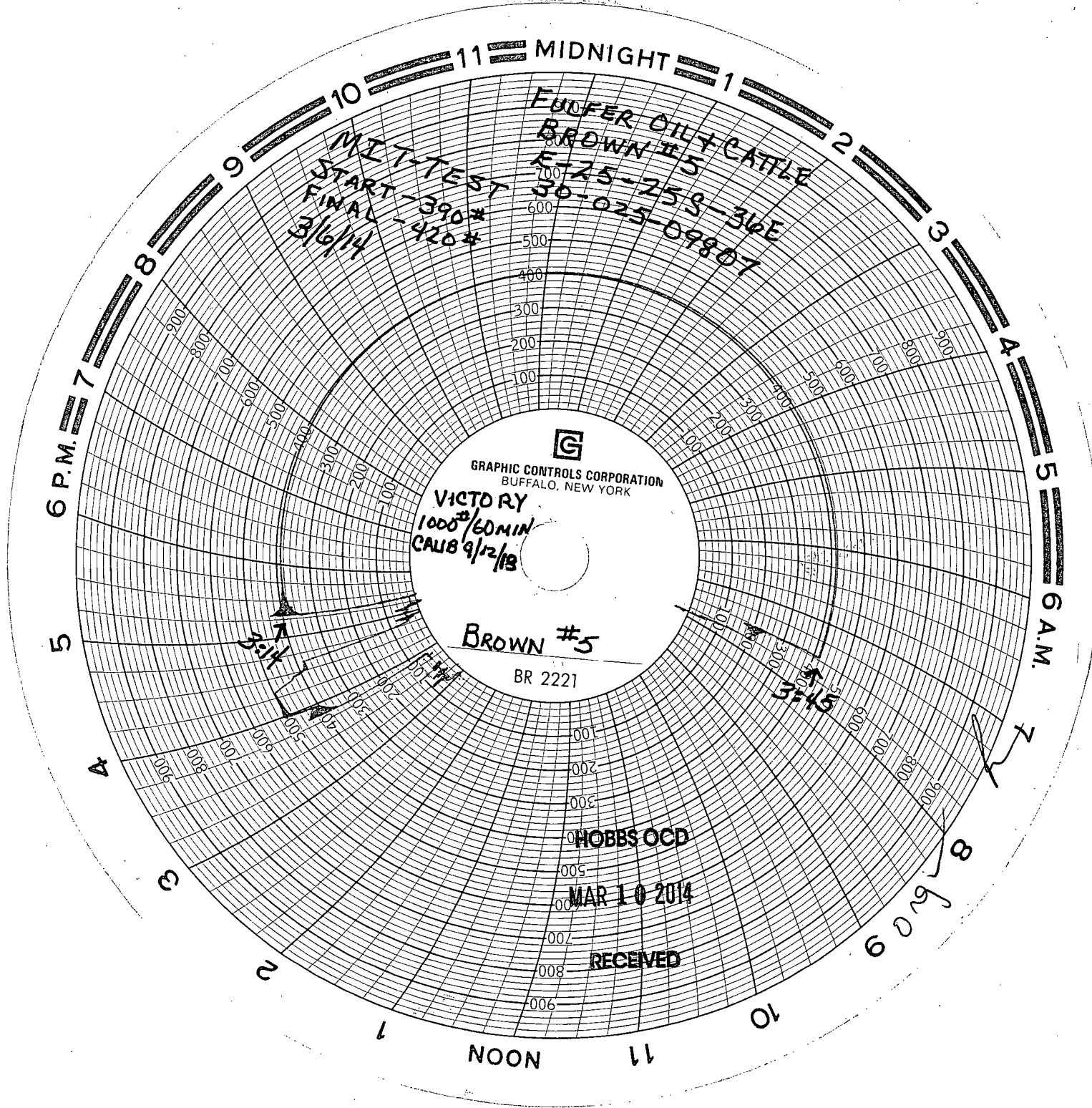
SIGNATURE **Gary W. Wink** TITLE **PRODUCTION FOREMAN** DATE **3/6/14**  
Type or print name \_\_\_\_\_ E-mail address: **garywinke@eaenergy.com** PHONE: **575-390-5095**  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any):

Accepted for Record Only

**3/12/2014**

**MAR 12 2014**



INIT TEST  
START - 390#  
FINAL - 420#  
3/6/14

FULLER OIL & CATTLE  
BROWN #5  
E-25-25S-36E  
50-025-09807

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

VICTORY  
1000<sup>#</sup>/60MIN  
CALIB 9/12/13

BROWN #5  
BR 2221

HOBBS OCD

MAR 10 2014

RECEIVED

6098