

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 87400  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-10  
Revised July 18, 201

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.)		WELL API NO. <u>30-025-09280 11809</u>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>FULFER OIL &amp; CATTLE, LLC</u>		6. State Oil & Gas Lease No. <u>LC 32579C</u>
3. Address of Operator <u>P.O. BOX 1224 JAL, NM 88252</u>		7. Lease Name or Unit Agreement Name <u>CARLSON B-27</u>
4. Well Location Unit Letter <u>I</u> : <u>2310</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>E</u> line Section <u>27</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>141402</u>
		10. Pool name or Wildcat <u>7RD, GB</u>

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: <u>RETURN TO PRODUCTION</u> <input checked="" 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.

RAW 24 HR. PRODUCTION TEST - 5-10-16  
TBG. - 15#  
CSG. - 15#  
OIL - 2 BBLs.  
WATER - 117 BBLs.  
GAS - TSTM

Spud Date:

12-13-38

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 5/17/16

Type or print name GARY W. WINK E-mail address: gary.wink@leaeenergy.com PHONE 575-390-5095

For State Use Only

APPROVED BY: Mary G. Brown TITLE Dist Supervisor DATE 5/18/2016

Conditions of Approval (if any):