Submit 1 Copy To Appropriate District State of	New Mexico	Form C-103
Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs District II – (575) 748-145 811 S. First St., Artesia, NM 88210 30-025-26344 5. Indicate Typ		Revised August 1, 2011
1625 N. French Dr., Hobbs, 187		WELL API NO.
District II - (575) 748-183 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 000 1220 South St. Francis Dr.		30-025-26344
District III - (505) 334-6178 OC \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	e, NM 87505	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa F	c, 14141 87505	6. State Oil & Gas Lease No. LG-3175
87505 St. Hallos Dr., Salta 1		LG-31/3
SOUDKI NOTICES AND REFORTS ON WEELS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		HNG 4F State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		
1. Type of Well: Oil Well Gas Well Other		8. Well Number 1
2. Name of Operator		9. OGRID Number
FULFER OIL & CATTLE, LLC		141402
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 1224, JAL, NM 88252		Triple X Bone Spring
4. Well Location		
Unit Letter $F : 1980$ feet from the North line and 1650 feet from the West line		
Section 4 Township 24S Range 33E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
	_	
OTHER: OTHER: RETURN TO PRODUCTION 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.;		
proposed completion of recompletion.		
9/26/18 - 9/27/18		
Pull rods and pump. Dress pump and repair electrical problem. Returned to production 9/27/2018.		
24-hr. test 9/28/2018: 5 BO, TSTM, and 137 BW		
Spud Date: Rig	Release Date:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Office M. Kelling TITLE Regulatory Agent DATE 10/18/18		
Type or print name <u>Debbie McKelvey</u> E-mail address: <u>debmckelvey@earthlink.net</u> PHONE: <u>575-392-3575</u>		
For State Use Only		
Announce of the second		
APPROVED BY:		
Conditions of Approval (if any):		