

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

Energy, Minerals and Natural Resources

Revised July 18, 2013

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

WELL API NO. <b>3002524281</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>32098</b>
7. Lease Name or Unit Agreement Name <b>NM "NN" 2nd/10m</b>
8. Well Number <b>1</b>
9. OGRID Number <b>149338</b>
10. Pool name or Wildcat <b>Vacuum-A-bke Monze Ndr</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	SEP 25 2015
2. Name of Operator <b>Ashe Enterprises LTD Co.</b>	
3. Address of Operator <b>11063 D. SO. Memorial Dr. PMB 525 Tulsa OK 74133</b>	RECEIVED
4. Well Location Unit Letter <b>L</b> : <b>1980</b> feet from the <b>5</b> line and <b>662</b> feet from the <b>W</b> line Section <b>8</b> Township <b>17S</b> Range <b>35E</b> NMPM County <b>Log</b>	

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: <b>Drilling Test</b> <input checked="" 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.

**Please see attached Report**

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

**[Signature]**

TITLE

**Partner**

DATE

**9-21-15**

Type or print name

**Kerina Jones**

E-mail address:

**Kpj124083@gmail.com**

PHONE:

**4055178628**

For State Use Only

APPROVED BY:

**[Signature]**

TITLE

**Staff Manager**

DATE

**9/29/2015**

Conditions of Approval (if any):

OCT 08 2015

**[Signature]**

HOBBS OCD

SEP 25 2015

RECEIVED

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>Asher Enterprises LTD Co.</b>	API Number <b>30-025-24281-00-00</b>
Property Name <b>NM "NN" State Com</b>	Well No. <b>1</b>

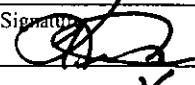

Surface Location									
UL - Lot <b>L</b>	Section <b>8</b>	Township <b>17N</b>	Range <b>35E</b>	Feet from <b>1980</b>	N/S Line <b>S</b>	Feet From <b>660</b>	E/W Line <b>W</b>	County <b>LCR</b>	

Well Status									
TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	PRODUCER OIL	<b>GAS</b>	DATE <b>8-21-15</b>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>Q</b>	<b>Q</b>		<b>Q</b>	<b>22</b>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	<b>Q / N</b>	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	<b>Y / Q</b>	WTR ___
Surges	Y / N	Y / N	Y / N	<b>Y / Q</b>	GAS ___
Down to nothing	Y / N	Y / N	Y / N	<b>Y / Q</b>	Type of fluid
Gas or Oil	Y / N	Y / N	Y / N	<b>Y / Q</b>	Injected for
Water	Y / N	Y / N	Y / N	<b>Y / Q</b>	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature 	OIL CONSERVATION DIVISION
Printed name: <b>Kevin Jones</b>	Entered into RBDMS
Title: <b>Partner</b>	Re-test
E-mail Address: <b>161260@gmail.com</b>	
Date: <b>8-21-15</b>	Phone: <b>4035178688</b>
Witness: 	

INSTRUCTIONS ON BACK OF THIS FORM

OCT 08 2015