

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

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

Form C-103
Revised July 18, 2013

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-102) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-06132
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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator FULFER OIL & CATTLE, LLC		6. State Oil & Gas Lease No. 770430
3. Address of Operator P.O. BOX 1224, JAL, NM 88252		7. Lease Name or Unit Agreement Name STATE I
4. Well Location Unit Letter N : 330 feet from the S line and 1650 feet from the W line Section 16 Township 20S Range 37E NMPM County LEA		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5340		9. OGRID Number 141402
		10. Pool name or Wildcat EUNICE MONUMENT, GBSA

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 checked="" 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: TA EXPIRED 3/6/2015 <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.

REQUEST TEST FOR TA STATUS APPROVAL.

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart

~~Condition of Approval: no
OCD Hobbs office 24 hr
prior of running MIT Test~~

Spud Date:

1-17-74

Rig Release Date:

1-31-74

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 **5/12/16**
Type or print name **GARY W. WINK** E-mail address: **gwink@leaenergy.com** PHONE: **575-390-5095**
For State Use Only
APPROVED BY: **Mary Brown** TITLE **Dist Supervisor** DATE **5/12/2016**
Conditions of Approval (if any):

NO PROD REPORTED 313 MONTHS

WY