Submit 1 Copy To Appropriate District	Form C-103
Office France Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-11642 ·
District III - (5/5) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 8)410	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	408175
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	SOUTH LANGLIE JAL -
PROPOSALS.)	8. Well Number 18
1. Type of Well: Oil Well Gas Well Other INJECTION 2. Name of Operator Gas Well Gas Well	9. OGRID Number
FULFER OIL+ CATTLE, LLC	141402
3. Address of Operator	10. Pool name or Wildcat
4. Well Location 7. Well Location	JALMAT, JAN-YATES - 7RQ
	feet from the Wline
Section 17 Township 253 Range 37E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3/D5 DF	
/	Provide a second s
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON DE CHANGE PLANS COMMENCE DR PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM DOTHER: TAESPIRED 1-20-2014 DOTHER:	
OTHER: 7 A EXPIRED /-20-2014 Image: Constraint of the state and pertained the state and pertai	d give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or recompletion.	MAL
REQUEST TEST FOR TA STATUS APPR	Over a
The second s	1911年1月19日 1911年1月1日年1月日年間前開始 1月1日 1911年1月1日 1月1日 1月1日 1月1日日日日日日日日日日日日日日日日日日日
- Charaction of Approval	
prior of running MIT Test & Chart	
g will Test & Chart	
3 10	
Spud Date: 3-19-52 Rig Release Date: 4-7-	52
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.
SIGNATURE <u>Lary W. Wink</u> TITLE <u>PRODUCTION FOR</u> Type or print name <u>GARY W. WINK</u> E-mail address: <u>gar-y winke</u>	EMAN DATE 5/12/16
Type or print name GARY W. WINK E-mail address: par v winke	eachever PHONE: 575-390-5095
For State Use Only	St ° Com
	Elis 7011-
APPROVED BY: Y ALLEN DOWNFITLE DISL DUROW	DATE DICLOVE
APPROVED BY: A Deleg & Down TITLE Disk Dupour Conditions of Approval (if any):	DATE S/1C/COTO
APPROVED BY: Maley Show PITLE Dist Superver Conditions of Approval (if any):	DATE S/1C/CONG
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