

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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>32-025-33398</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <u>FED</u>
2. Name of Operator <u>Foundation Energy Management, LLC</u>		6. State Oil & Gas Lease No.
3. Address of Operator <u>15 E. 5th St., Santa Fe, NM 87505</u>		7. Lease Name or Unit Agreement Name <u>Britsy Federal</u>
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>07</u> Township <u>23S</u> Range <u>32E</u> NMPM County <u>Lea</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number
		10. Pool name or Wildcat

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: _____		OTHER: <u>UIC/MT</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.

MT conducted after well work to add additional perms.  
Test start 550 #, test end 545 #. Test duration 35 minutes

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

James Smith

TITLE

HSE-Regulatory Supervisor

DATE

8/29/2019

Type or print name

JAMES SMITH

E-mail address:

jsmith@foundationenergy.com

PHONE:

918-526-5592

For State Use Only

APPROVED BY:

Henry Fortner

TITLE

Compliance Officer A

DATE

9-3-19

Conditions of Approval (if any):

**HOBBS OGD**

SEP 03 2019

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

**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name <i>Foundation Energy Management, LLC</i>		API Number <i>32-025-33398</i>
Property Name <i>Bitly Federal SWD</i>		Well No. <i>1</i>

**1. Surface Location**

UL Lot <i>H</i>	Section <i>04</i>	Township <i>23S</i>	Range <i>32E</i>	Feet from <i>1900</i>	N/S Line <i>N</i>	Feet from <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
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**Well Status**

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>8/17/2019</i>
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**OBSERVED DATA**

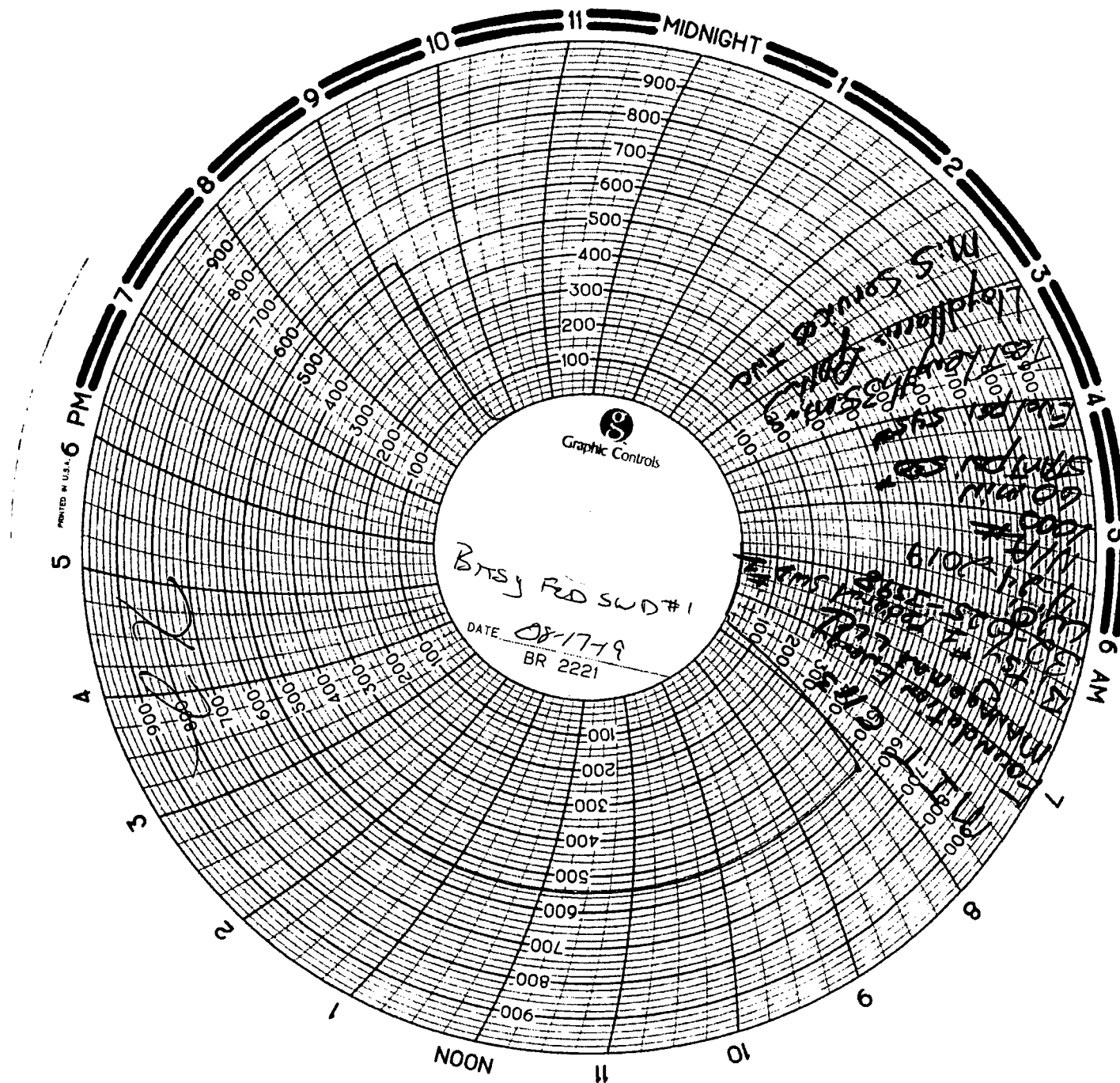
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>NA</i>	<i>0</i>	<i>350</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ...
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of fluid Isjected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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

*OIC/MET after well work to add additional perf*

Signature: <i>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>JAMES SASTIN</i>		Entered into RBDMS	
Title: <i>HSE Regulatory Supervisor</i>		Re-test <i>X</i>	
E-mail Address: <i>jsastin@foundationenergy.com</i>			
Date: <i>8/29/19</i>	Phone: <i>918-526-5592</i>		
Witness: <i>Lloyd Harris</i>			

INSTRUCTIONS ON BACK OF THIS FORM



Handwritten: **BRAD LAMM**

Handwritten notes:

60  
7-17-15  
Saverio, 12C



# D & L Meters & Instrument Service, Inc.

Lovington, NM 88260

P.O. Box 1621

Office: (575) 396-3715

Fax: (575) 396-5812



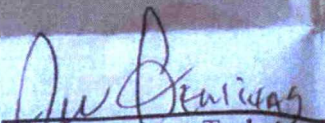
Date: 4-24/2019

Invoice #

## Certification of Pressure Recorder Test:

Company:	M & S
Unit:	M & S # 1
Model:	BARTON
Pressure Rating:	1000#
Serial #:	N/A

*This Pressure Recorder was tested at midrange for accuracy and verified within +5% and -5% for a 1000# pressure element.*

  
Jesse Arenivas, Technician