

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 88203  
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

Form C-103  
Revised July 18, 2013

**HOBBS OGD CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

NOV 18 2019

|   |
|---|
| WELL API NO.<br>30-025-11488  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>South Langlie Jal Unit                                      |
| 8. Well Number 4  |
| 9. OGRID Number 141402  |
| 10. Pool name or Wildcat<br>Yates, Queens   |

|  |  |
|--|--|
| SUNDRY RECEIVED REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH<br>PROPOSALS.)        |  |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other injection  |  |
| 2. Name of Operator<br>Fulfer Oil And Cattle Co LLC  |  |
| 3. Address of Operator<br>P.O.Box 1224, 101 E. Panther AVE Jal NM, 88252   |  |
| 4. Well Location<br>Unit Letter <u>I</u> : _____ feet from the <u>1650 FSL</u> line and <u>960</u> feet from the <u>FEL</u> line<br>Section <u>7</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u> |  |
| 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 <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" 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: <input 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.

11/18/2019 completed, We move in and rig up WSU, on 11/06/2019 unset the packer and pull the packer, hydro-test the tubing in the well and run retrievable BP and packer at the same time. set the BP and test the casing and found holes in the casing at 570-876 use Basic Cementer and squeeze cement and circulate cement to surface w/210 sz class c neat cement, let the cement set up until 11/12/2019 rig up reverse unit and drill out cement close rams on bop test the casing to surface to 550# held 45 minutes ran tubing and retrieving tools and release the BP. POH w/ Tools. run collars and bit to bottom and clean out well to bottom, 3353. POH and lay down Collars. Pick up 7" ADI plastic coated packer and run and set at 3186 load the backside and call the OCD to schedule MIT test.

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

Spud Date: 3/29/54 Rig Release Date: 4/25/54

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mike Dennis TITLE Operations Manager DATE 11/18/2019

Type or print name Mike Dennis E-mail address: mdennis3082q@gmail.com PHONE: 575-395-9970

**For State Use Only**

APPROVED BY: Kerry Futer TITLE C.O A DATE 11-25-19

Conditions of Approval (if any):