| Submit 1 Copy To Appropriate District  | State of New Mexico                          |                    |   | Form C-103         |
|--|--|--------------------|---|--------------------|
| Office   | Energy, Minerals and Natur                   |                    | Revised August 1, 2011                                |                    |
| 1625 N. French Dr., Hobbs, NM 88240  |  |                    | WELL API NO.<br>30-025-28010                          | 7                  |
| District II – (575) 748-1283<br>811 S. First St., Artesia, NM 8840BBS OCDONSERVATION DIVISION  |  |                    | 5. Indicate Type of I                                 | ease               |
| District III – (505) 334-6178 1220 South St. Francis Dr.   |  |                    | STATE 🛛   | FEE                |
| $\frac{1000 \text{ Rio Brazos Rd., Azlec, NM 87410 N 152020}}{\frac{1000 \text{ Rio Brazos Rd., Azlec, NM 87410 N 152020}}{1220 \text{ Santa Fe, NM 87505}}$   |  |                    | 6. State Oil & Gas L<br>LG-2265                       | ease No.           |
|  |  |                    |   |                    |
| SUNDRY CLUCTS AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |  |                    | 7. Lease Name or Un                                   | ait Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |  |                    | Superior WA State                                     |                    |
| PROPOSALS.)<br>1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other  |  |                    | 8. Well Number  |                    |
| 1. Type of Well: Oil Well 🛛 Gas Well 🗋 Other   |  |                    | #1  |                    |
| 2. Name of Operator  |  |                    | 9. OGRID Number                                       |                    |
| Foundation Energy Management, LLC.   |  |                    | 370740  |                    |
| 3. Address of Operator<br>5057 Kee Beed, Swite 550 Addison, TX, 75001  |  |                    | 10. Pool name or Wildcat<br>Saunders Permo Upper Penn |                    |
| 5057 Kgs Koad, Suite 050 Addison, TA. 75001  |  |                    | blanders renna opper renn                             |                    |
| 4. Well Location   |  |                    |   | /                  |
| Unit Letter M:660' feet from the _South line and660' feet from theWest line  |  |                    |   |                    |
| Section 11   |  | Range 33E          |   | County Lea         |
|  | . Elevation (Show whether DR, .<br>247.5' GR | RKB, RT, GR, etc.) |   |                    |
| ······································   | 47.5 GR                                      |                    |   |                    |
| 12. Chash Ammenniete Den te Indiante Netwoor of Netice. Depart on Other Date   |  |                    |   |                    |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data $\int q^{-1}$   |  |                    |   |                    |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |  |                    |   |                    |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK   |  |                    | K 🗌 AL  | TERING CASING      |
| TEMPORARILY ABANDON CHANGE PLANS   |  |                    |   | AND A              |
| PULL OR ALTER CASING DIMULTIPLE COMPL CASING/CEMENT  |  |                    | I JOB   | PONC               |
| DOWNHOLE COMMINGLE   |  |                    |   |                    |
| OTHER:   |  | OTHER:             |   | П                  |
| 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.   |  |                    |   |                    |
|  |  |                    |   |                    |
| On previous workover on 5-22-18, set CIBP @ 9829' and bail dump 4 sacks on Tag @ 9,794'. Jeronimo Valdez Foundation Energy notified NMOCD. Circulated Salt Gel Mud. Test Casing 500 PSI. Test Good. 12-23-19 Spot 15 sacks Class C 4265'-4114'. WOC. Tag |  |                    |   |                    |
| Plug @ 4103'. Perforate @ 2841'. Establish rate. Squeeze 30 sacks Class C 2943'-2740'. WOC. Tag Plug @ 2706'. 12-24-19   |  |                    |   |                    |
| Perforate @ 1833'. Establish rate. Squeeze 30 sacks Class C 1895'-1795'. WOC. Tag Plug @ 1716'. Perforate @ 100'. Establish rate   |  |                    |   |                    |
| & Circulation. Squeeze 52 sacks Class C 100'-Surface in 5-1/2" x 8-5/8" Annulus & leave 5-1/2" Casing full. Add above ground marker  |  |                    |   |                    |
| with proper ID information.  |  |                    |   |                    |
|  |  |                    |   |                    |
|  |  |                    |   |                    |
| 10/10/20   | <u> </u>                                     | 12/24/10           |   | 1                  |
| Spud Date: 12/19/20  | Rig Release Dat                              | te: 12/24/19       |   |                    |
|  |  |                    |   | J                  |
|  |  |                    |   |                    |
| I hereby certify that the information above  | ve is true and complete to the be            | st of my knowledge | e and belief.   |                    |
| h(h)   |  | A 11 (             |   | 1 1                |
| SIGNATURE  | TITLE HS                                     | allan ransis       | DATE  | a 1/13/10          |
|  |  |                    |   | All CHAR           |
| Type or print name / 12445 MaTH E-mail address: 5/4, 1 (1916) PHONE: 1/2-56-5592   |  |                    |   |                    |
| For State Use Only   |  |                    |   |                    |
| ADDROVED DV. NAM   | nhe TITLE CO                                 | > /                | 1 DATE  | 1-24-20            |
| APPROVED BY: ///// / nhe TITLE // // DATE / 29-20<br>Conditions of Approval (if any):  |  |                    |   |                    |
| Conditions of Approval (II ally):  |  |                    |   |                    |
|  |  |                    |   |                    |
|  |  |                    |   |                    |

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