| Submit 1 Copy To Appropriate District Office  | State of New Me   | xico             | Form C-103                                  |               |
|---|---|------------------|---|---------------|
| District I – (575) 393-6161   | Energy, Minerals and Natur  | ral Resources    | Revised August 1, 2011                      |               |
| 1625 N. French Dr., Hobbs, NM 8824 <b>QEALED 1525</b> 12. (575) 748-1283  |   | WELL API NO.     |   |               |
| 811 S. First St., Artesia, NM 88210   | District II - (575) 748-1283<br>811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION |                  | 30-025-29501 /<br>5. Indicate Type of Lease |               |
| District III - (505) 334-6178 0707 9 1 NVB20 South St. Francis Dr.  |   |                  | STATE S FEE                                 |               |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460  Santa Fe, NM 87505   |   |                  | 6. State Oil & Gas Lease No.                |               |
| 1220 S. St. Francis Dr., Santa Fe, NIQOO SABOH<br>87505   |   |                  | LG-2265                                     |               |
| SUNDRY NOTICES AND REPORTS ON WELLS   |   |                  | 7. Lease Name or Unit A                     | oreement 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 PROPOSALS.)   |   |                  | Superior WA State                           |               |
| 1. Type of Well: Oil Well  Gas Well  Other  |   |                  | 8. Well Number                              |               |
|   |   |                  | #4  |               |
| 2. Name of Operator  Foundation Foograph Management, I. C.  |   |                  | 9. OGRID Number / 370740                    |               |
| Foundation Energy Management, LLC.  3. Address of Operator  |   |                  | 10. Pool name or Wildcat                    |               |
| 5057 Kgs Road, Suite 650 Addison, TX. 75001   |   |                  | Sanders Permo Upper Penn                    |               |
| 4. Well Location  |   |                  |   |               |
| Unit Letter H : 2310 feet from the North line and 660' feet from the East line  |   |                  |   |               |
| Section 11 Township 14S Range 33E NMPM County Lea   |   |                  |   |               |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |                  |   |               |
| 4188' GL  |   |                  |   |               |
|   |   |                  |   | <b>.</b>      |
| 12. Check Appro   | priate Box to Indicate Na   | ature of Notice. | Report or Other Data                        | Jam           |
|   |   |                  |   |               |
|   |   |                  | SEQUENT <u>R</u> EPORT                      | _             |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORLD   |   |                  |   | RING CASING   |
| TEMPORARILY ABANDON   |   |                  | =   | . —.          |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PN 10   |   |                  |   |               |
| DOWNINGEE COMMINGEE   |   |                  |   |               |
| OTHER:  |   | OTHER:           |   |               |
| 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 5-12-18, set CIBP @ 9871' and bail dump 4 sacks on Tag @ 9,837'. Jeronimo Valdez Foundation Energy              |   |                  |   |               |
| notified NMOCD. Circulated Salt Gel Mud. Test Casing 500 PSI. Test Good. 12-17-19 Spot 15 sacks Class C 4265'-4114'. WOC. Tag           |   |                  |   |               |
| Plug @ 4163'. Perforate @ 3605'. Establish rate. Squeeze 30 sacks Class C 3756'-3453'. WOC. Tag Plug @ 3415'. 12-18-19                  |   |                  |   |               |
| Perforate @ 1830'. Establish rate. Squeeze 30 sacks Class C 1895'-1795'. WOC. Tag Plug @ 1675'. 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.                             |   |                  |   |               |
|   |   |                  |   |               |
|   |   |                  |   |               |
|   |   | 10/10/10         |   |               |
| Spud Date:  | Rig Release Da  | te: 12/18/19     |   |               |
|   |   | <u> </u>         |   |               |
|   |   |                  |   |               |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                |   |                  |   |               |
|   |   |                  |   |               |
| SIGNATURE / Start TITLE MSt by the Summin DATE 1/3/20   |   |                  |   |               |
|   |   |                  |   |               |
| Type or print name AMES MATH E-mail address: 3sh 16 Qued Nin Mens OF PHONE: 918-526-5592  |   |                  |   |               |
| For State Use Only  | ,   | 7                | J   |               |
| OKDALA 1  | h.t   |                  | A 1   | -24-20        |
| APPROVED BY: TITLE CO IF DATE 1-29-20 Conditions of Approval (if any):  |   |                  |   |               |
|   |   |                  |   |               |