

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

| |
|---|
| WELL API NO. 30-025-38882 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name J W SHERRELL |
| 8. Well Number 012 |
| 9. OGRID Number 329326 |
| 10. Pool name or Wildcat JALMAT-YATES-7 RVRS (GAS) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3563' GR |

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO MOVE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
FAE II OPERATING LLC

3. Address of Operator
11757 KATY FREEWAY, SUITE #1000, 77079

4. Well Location
Unit Letter **Q** : 660 feet from the SOUTH line and **1815** feet from the EAST line
Section **31** Township **24S** Range **37E** NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3563' GR

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: <input checked="" 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

We plan to perform a mechanical integrity test of the casing and packer. The procedure will call for a chart recorder to record pressure while loading casing to 320 psi and any subsequent drops in pressure that may occur in the following 30 minutes.

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

SIGNATURE *G. Johnson* TITLE Engineer DATE 05/14/2020

Type or print name Garret Johnson E-mail address: garret@faenergyus.com PHONE: 832-706-0056
For State Use Only

APPROVED BY: *Xerry Fat* TITLE C O A DATE 5-14-20
Conditions of Approval (if any)