

Santa Fe Main Office

Phone: (505) 476-3441 Fax: (55) 476-3462

General Information

Phone: (505) 629-6116

Online Phone Directory Visit:

<https://www.emnrd.nm.gov/ocd/contact-us/>State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
Revised July 18, 2013OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-025-33398
2. Name of Operator Foundation Energy Management, LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 5057 Keller Springs Rd., Suite 650 Addison, TX 75001		6. State Oil & Gas Lease No
4. Well Location Unit Letter _____ M _____ : _____ 330 _____ feet from the _____ South _____ line and _____ 330 _____ feet from the _____ West _____ line Section 13 Township 14S Range 33E NMPM County Lea		7. Lease Name or Unit Agreement Name Bitsy Federal SWD
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 001
9. OGRID Number 370740		10. Pool name or Wildcat SWD-Bough

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 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.

Subsequent report of mechanical integrity test and associated bradenhead test tested on July 29, 2024. Witness: Gary Robinson

Both tests passed.

Spud Date:

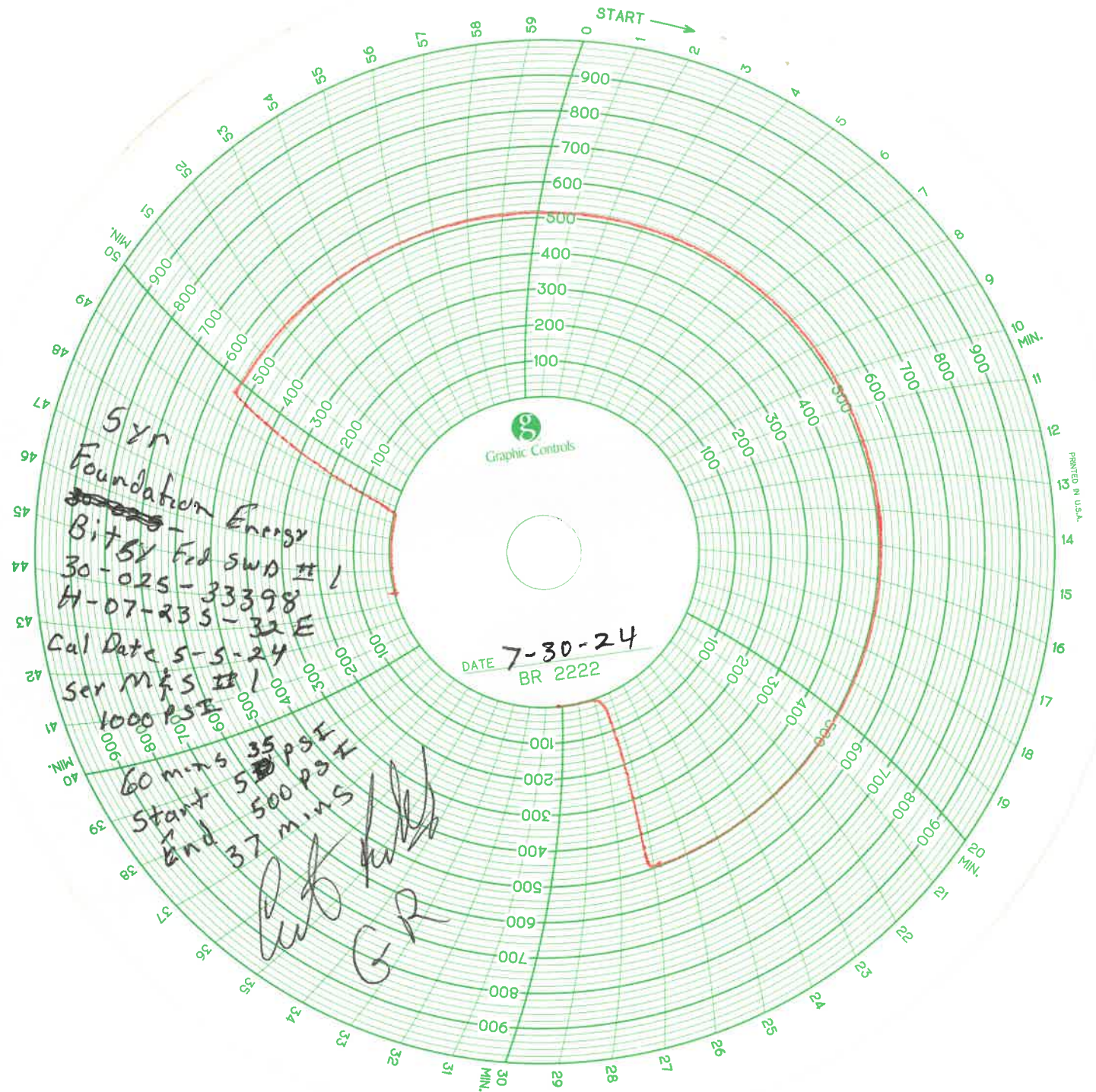
Rig Release Date:

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 Manager DATE 08/02/2024

Type or print name James Smith E-mail address: jsmith@foundationenergy.com PHONE: 972-707-2595
 For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 8/5/24
 Conditions of Approval (if any):



District I

1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Foundation Energy</i>	API Number <i>30-025-33398</i>
Property Name <i>Bitsy Federal SWD #1</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>H</i>	Section <i>07</i>	Township <i>23 S</i>	Range <i>32 E</i>	Feet from <i>1980</i>	N/S Line <i>PNL</i>	Feet From <i>660</i>	E/W Line <i>FEL</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/>	INJECTOR INJ <input checked="" type="radio"/>	PRODUCER OIL <input checked="" type="radio"/>	GAS <input type="radio"/>	DATE <i>7-30-24</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0 PSI</i>	<i>NA</i>	<i>NA</i>	<i>0 PSI</i>	<i>400 PSI</i>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	CO2 ____
Steady Flow	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	WTR ____
Surges	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	GAS ____
Down to nothing	<input checked="" type="radio"/> / N	Y / N	Y / N	<input checked="" type="radio"/> / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	Injected for
Water	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	Waterflood if applies.

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

Signature: <i>Curtis Priddy</i>	OIL CONSERVATION DIVISION
Printed name: <i>Curtis Priddy</i>	Entered into RBDMS
Title: <i>Production Supervisor</i>	Re-test <i>GR</i>
E-mail Address: <i>Curtis.Priddy@Foundationenergy.com</i>	
Date: <i>7-30-24</i>	
Phone: <i>817-301-9473</i>	
Witness:	

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 369733

CONDITIONS

Operator: FOUNDATION ENERGY MANAGEMENT, LLC 5057 KELLER SPRINGS RD ADDISON, TX 75001	OGRID: 370740
	Action Number: 369733
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	8/5/2024