

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

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

**HOBBS OGD**  
 DEC 19 2016  
 RECEIVED

WELL API NO. 30-025-43422
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 316809
7. Lease Name or Unit Agreement Name Quail "16" State SWD
8. Well Number 9
9. OGRID Number 151416
10. Pool name or Wildcat SWD; Devonian

**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  Gas Well  Other Salt Water Disposal

2. Name of Operator  
Fasken Oil and Ranch, Ltd.

3. Address of Operator  
6101 Holiday Hill Road, Midland, TX 79707

4. Well Location  
 Unit Letter N : 1050 feet from the South line and 2330 feet from the West line  
 Section 16 Township 20S Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3636.7 GL

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 type="checkbox"/>		OTHER: Intermediate Casing <input checked="" 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.

12/11/16-12/14/16

DRILLED A 12 1/4" HOLE FROM 1665' - 5205'. SET 115 JTS OF 9-5/8" 40# HC-K55 CASING @ 5191' W/ DV TOOL @ 3847'. PUMPED 1<sup>st</sup> STAGE: PUMPED 20 BBLS OF FRESHWATER AHEAD OF 362 SX OF CLASS C CEMENT CONTAINING 10 PPS 707, 5% P-402, 0.25 PPS P-301, 0.1% P-101, 0.2% P-8, 0.3% P-202, 0.2% P-4, 0.1% P-504, AND 0.2% P-7. MIXED AT 12.5 PPG WITH A YIELD OF 2.03 CUFT/SK. FOLLOWED BY 250 SX, OR 59 BBLS OF CLASS "C" CEMENT CONTAINING 0.25 PPS P-301, AND 2% P-401. MIXED AT 14.8 PPG WITH A YIELD OF 1.32 CUFT/SK. DISPLACED AT 7 BPM WITH 393 BBLS OF BRINE MUD. BUMPED PLUG AT 2330 HRS WITH 700 PSI. OPENED DV TOOL WITH 710 PSI. CIRCULATED APPROXIMATELY 200 BBLS OF CONTAMINATED CEMENT TO SURFACE. 2<sup>nd</sup> STAGE: 20 BBLS OF FRESH WATER AHEAD OF 1527 SX OF CLASS "C" CMT CONTAINING 10 PPS P-707, 5% P-402, 0.25 PPS P-301, 0.1% P-101, 0.2% P-8, 0.3% P-202, 0.2% P-402, 0.1% P-504, AND 0.2% P-7. MIXED AT 12.5 PPG WITH A YIELD OF 2.03 CUFT/SK. FOLLOWED BY 200 SX CLASS "C" CMT CONTAINING 0.25 PPS P-301, AND 2% P-401. MIXED AT 14.8 PPG WITH A YIELD OF 1.32 CUFT/SK. DISPLACED AT 7 BPM WITH 292 BBLS OF BRINE MUD. BUMPED PLUG AT 0530 HRS, AND CLOSED DV TOOL WITH 2,410 PSI. RELEASED PRESSURE, AND CONFIRMED DV CLOSED. HAD 205 BBLS CLEAN CMT CIRCULATED TO SURFACE. CEMENT DID NOT FALL. PRESSURE TESTED THE BOPE AS FOLLOWS: BOP, CHOKE MANIFOLD, AND FLOOR VALVES TO 250 PSI LOW AND 5,000 PSI HIGH. ANNULAR TO 250 PSI LOW AND 2,500 PSI HIGH. 9-5/8" CSG TO 2,500 PSI.

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 Addison Long TITLE Regulatory Analyst DATE 12/12/16  
 Type or print name Addison Long E-mail address: addisonl@forl.com PHONE: 432-687-1777  
**For State Use Only**  
 APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 12/20/16  
 Conditions of Approval (if any):