

Submit 3 Copies To Appropriate District Office
 District I
 1625 N French Dr, Hobbs, NM 88240
 District II
 1301 W Grand Ave, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd, Aztec, NM 87410
 District IV
 1220 S St Francis Dr, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

RECEIVED
 OBSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
JUN 08 2009
HOBSOCD

WELL API NO. /
 30-025-28064

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 NM-14496

7. Lease Name or Unit Agreement Name
 Ling Federal /

8. Well Number 1 /

9. OGRID Number
 151416 /

10. Pool name or Wildcat
 Delaware Mountain Group

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3629.6' GR

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 SWD

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

3. Address of Operator
 303 W. Wall, Suite 1800, Midland, TX 79701

4. Well Location
 Unit Letter G : 1980' feet from the North line and 1980' feet from the East line
 Section 31 Township 19S Range 34E NMPM County Lea

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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"/>	
OTHER: <input type="checkbox"/>		OTHER: Step Rate Test - Amended <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
 5-21-09

RU Gray WL and Basic kill truck and RIW to 6850' FS with BHP bomb. Ran step rate test as follows:

RATE BPM	Date	Time	BH Press	Surface Pressure	Temperature
0	5/20/2009	10:00 AM	2938	0	111.0°
0.5	5/20/2009	10:30 AM	4281	1100	110.8
1	5/20/2009	11:00 AM	4480	1280	109.8
1.5	5/20/2009	11:30 AM	4549	1400	108.7
2	5/20/2009	12:00 PM	4587	1550	107.2
2.5	5/20/2009	12:30 PM	4593	1740	104.4
		ISIP	4485	1547	

NMOCD representative Mark Whitaker witnessed the last 15 min of test. SICP- 850 psi at end of test, bled pressure down and casing dead with tubing at 1090 psi. Please see attached test summary.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Kim Tyson TITLE Regulatory Analyst DATE 6-4-09

Type or print name Kim Tyson E-mail address: kimt@forl.com Telephone No. (432) 687-1777

For State Use Only

APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 11/24/2009

Conditions of Approval (if any):