Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	·		WELL API NO. 30-015-21045	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> - (505) 334-6178	1220 South St. Francis Dr.		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				
87505	ICES AND DEPORTS ON WELLS		7. Lease Name or Unit Agree	ment Nama
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			Holstun SWD	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other SWD			8. Well Number 1	
2. Name of Operator FDW LLC			9. OGRID Number 148530	
3. Address of Operator			10. Pool name or Wildcat	
3300 North "A" Street, Building 2, Suite 120, Midland, Texas 79705			SWD: Devonian	
4. Well Location				
Unit Letter B :	660 feet from the North	line and 1980	_ feet from the _ East line	
Section 4	Township 20S	Range 25E	NMPM County	y Eddy
DOMESTIC STATE OF THE SECOND	11. Elevation (Show whether DR			A BOOK OF THE
	3,592.6			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:	NTENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL CHANGE PLANS MULTIPLE COMPL CHANGE PLANS MULTIPLE COMPL CHANGE PLANS MULTIPLE COMPL CHANGE PLANS CHANGE PLANS MULTIPLE COMPL CHANGE PLANS MULTIPLE COMPL CHANGE PLANS MULTIPLE COMPL CHANGE PLANS MULTIPLE COMPL CHANGE PLANS CHANGE PLAN	REMEDIAL WOR COMMENCE DR CASING/CEMEN OTHER Braden	ILLING OPNS. P AND A T JOB head Test	CASING
			JUL 29 2	016
Spud Date:	Rig Release Da	ate:	RECEIVE	÷D
1				
I hereby certify that the information	above is true and complete to the b	est of my knowledg	ge and belief.	
		• 1		
SIGNATURE	A TITLE	Maukatina Managa	er DATE July 26, 20	16
SIGNATURE	IIILE	Marketing Manage	DATE July 20, 20	10
Type or print name Tim G	reen E-mail address:	toreen@nearhuro.co	om PHONE: (432) 81	8-2940
For State Use Only	D-man address.	- · ·	<u> </u>	.0 2710
APPROVED BY: Pechano / Conditions of Approval (if any):	VAE TITLE COM	n <u>RUMEÉ</u> Of	FUER DATE 8/4	/16
• •				