| Office Office | Sta | ite of New M | exico | | Form C-103 |
|--|----------------------------|-------------------|---|------------------------------|-----------------------|
| District I – (575) 393-6161 | Energy, Mi | nerals and Nati | ural Resources | | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | IM 88240 | | | WELL API NO. | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 30-015-10881 | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis Dr. | | | 5. Indicate Type of Le STATE | FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | | 6. State Oil & Gas Le | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | NM-101856 | asc No. |
| 87505 | | | | | |
| | ICES AND REPOR | | | 7. Lease Name or Un | it Agreement Name |
| (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.) | | | | Shell Federal Com | |
| 1. Type of Well: Oil Well Gas Well Other | | | | 8. Well Number 1 | |
| 2. Name of Operator | | | | 9. OGRID Number | |
| Fasken Oil and Ranch, Ltd. | | | | 151416 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | | |
| 6101 Holiday Hill Road, Midland, TX 79707 | | | | Wildcat; Strawn | |
| 4. Well Location | | | | | |
| Unit Letter K : | 1980feet fro | om the South | line and _19 | get from the | e <u>West</u> line |
| Section 5 | Towns | ship 21S | Range 24E | NMPM Eddy | County |
| | | | R, RKB, RT, GR, etc | | *** |
| Harry Carlotte Control of the Contro | 3819 GL | | | | 2000 100 miles |
| | | | | | |
| 12. Check A | Appropriate Box | to Indicate N | Nature of Notice | Report or Other Dat | a |
| 120 011011 | -PPPW | | | , | |
| NOTICE OF IN | ITENTION TO | • • | SUE | SEQUENT REPO | RT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | RK 🗌 ALT | TERING CASING 🗌 |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR | | | | RILLING OPNS.□ PA | ND A |
| PULL OR ALTER CASING | MULTIPLE COM | IPL 🗌 | CASING/CEMEN | IT JOB □ | |
| DOWNHOLE COMMINGLE | | | | | |
| CLOSED-LOOP SYSTEM | | | | | _ |
| OTHER: | | | OTHER: | | |
| 13. Describe proposed or comp | | | | | |
| of starting any proposed we | | 9.15.7.14 NMA | C. For Multiple Co | empletions: Attach wellb | ore diagram of |
| proposed completion or rec | ompietion. | | | | |
| | | | | | |
| Fasken Oil and Ranch, Ltd. will be u | ising a closed loop | pit system for th | ne recompletion wo | rk performed on the abov | ve well. |
| a district on the reason, Lie. Will be | somg a viosea roop | pit system for th | ie recompieusen we | in periodical and according | |
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| | | | | | . CONSERVATION |
| | | | | AÑ | ITESIA DISTRICT |
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| | | | | | DECENTOR |
| | | | | | RECEIVED |
| <u></u> | | | | | |
| Spud Date: | | Rig Release D | ate: | | |
| | | rug recease 2 | | | |
| | | | | | |
| I hereby certify that the information | above is true and a | amplete to the h | agt of my knowled | ra and haliaf | |
| Thereby certify that the information | above is true and c | omplete to the t | est of my knowled; | ge and benef. | |
| 1 10. | | | | | |
| SIGNATURE Alm | Lim | TITLE Requi | latory Analyst | DATE | 12-5-16 |
| S. G. W. T. G. C. | | _ III LL_Rogu | with the state of | | |
| Type or print name Addison Long | () | E-mail addre | ss: addisonl@forl | .com PHONE: | 432-687-1777 |
| For State Use Only | | | | | |
| | $\Lambda \rho$ | Λ | (). A | \wedge | |
| APPROVED BY Men | Thans | _TITLE_ <i>Du</i> | Spersper | c-Udu DATE | 12-12-14 |
| Conditions of Approval (if any): | · | | <i>y</i> - 7 <i>y</i> | | |