Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-23451 5. Indicate Type of Lease
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	STATE B IIII
1. Type of Well: Oil Well	Gas Well  Other	8. Well Number 0/2
2. Name of Operator CFM OIL COMPANY LLC.		9. OGRID Number 28554
3. Address of Operator P.O. BOX 1176 ARTESIA,	NIM 90244	10. Pool name or Wildcat
4. Well Location		EMPIRE, YATES-7RIVERS EAST
Unit Letter_	2310 feet from the N line and 23	feet from the W line
Section 22	Township 17S Range 28E	NMPM County EDDY
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	· =   · · - · · - · · - · · ·	<del></del>
PULL OR ALTER CASING	_   '   '   '   '   '   '   '   '   '	_
DOWNHOLE COMMINGLE	<del>-</del> 1	
CLOSED-LOOP SYSTEM	I	
OTHER:  13. Describe proposed or com	OTHER:   OTHER:   pleted operations. (Clearly state all pertinent details, and	d 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. 10-4-18		
RIGED UP		
<b>PULLED RODS AND</b>	TUBING	
BAILED DRY		
FILLED TO SURFACI	E WITH 63 SACKS OF CEMENT	RECEIVED
RIG DOWN		
SET DRY HOLE MAR		JAN 0 3 2019
CLEANED LOCATION	<b>J</b>	DISTRICT II-ARTESIA O.C.D.
Spud Date:	Rig Release Date:	
The house of the state of the s		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE RANGE	TITLEOWNER	<sub>DATE</sub> 12-9-18
LOUISE	ULTON cfmoilcomp@e	outlook com 575_746_3099
Type or print name E-mail address: E-mail address: PHONE: 975740-5055		
APPROVED BY: DATE / 8/19 Conditions of Approval (if any):		