Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-2345	
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease 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.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Na	me or Unit 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.)			STATE B IIII	
1. Type of Well: Oil Well	Gas Well Other		8. Well Number O15A	
2. Name of Operator CFM OIL COMPANY LLC			9. OGRID Number 280554	
3. Address of Operator			10. Pool name or Wildcat	
P,O, BOX 1176 ARTESIA, 4. Well Location	NM 88211		EMPIRE Y	ATES 7RIVERS EAST
Unit Letter G	: 2310 feet from the N	line and	50 fee	et from theline
Section 22	Township 17S Rar 11. Elevation (Show whether DR,	nge 28E	NMPM	County FDDY
	11. Elevation (Snow whether DR,	KKB, KI, GK, etc.)		
				
12. Check	Appropriate Box to Indicate Na	iture of Notice, l	Report or O	ther Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			(☐ ALTERING CASING ☐
TEMPORARILY ABANDON				
DOWNHOLE COMMINGLE		CASHAO/CEMENT	JOB (
CLOSED-LOOP SYSTEM	- <u> </u>			_
OTHER: OTHER:				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
10-9-18				
RIGED UP				
PULLED RODS AND TUBING				
BAILED HOLE DRY				
FILLED WITH 63 SACKS OF CEMENT				RECEIVED
RIGED DOWN				
SET DRY HOLE MAR				JAN. 0 3 2019
CLEANED LOCATION	N			
				DISTRICT II-ARTESIA O.C.D.
Spud Date:	Rig Release Date	e:		
,				
"				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
	TITLE OWN	IER		11_30_18
SIGNATURE				DATE 11-30-10
Type or print name LOUIS FULTON E-mail address: Cfmoilcomp@outlook.com PHONE: 575-746-3099				
For State Use Only				
APPROVED BY:	TITLE STAR	× 11		DATE //8//9
Conditions of Approval (if any):				
			*	
				-