Office Office		tate of New Me			Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, M	inerals and Natu	iral Resources	WELL API NO	Revised July 18, 2013
District II - (575) 748-1283	OIL CON	JSER VATION	DIVIŠIÕŇ ·	WEEL THE	30-015-24740
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1220 South St. Francis Dr.			5. Indicate Ty		
1000 Rio Brazos Rd., Aztec, NM 87410. District IV - (505) 476-3460	iv.	anta Fé, NM 8'	A CONTRACTOR	6. State Oil &	Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				238	
SUNDRY NOTICES AND REPORTS ON WELLS					e or Unit Agreement Name
(DÖ NOT ÙSE 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.)			Forehand	Federal 25 Com	
1. Type of Well: Oil Well Gas Well. \(\bigcirc \) Other			8. Well Numb		
2. Name of Operator Vernon E. Faulconer, Inc.				9. OGRID Nu	148394
3. Address of Operator. P.O. Box 7995, Tyler, TX 75711				10. Pool name	er Atoka (N. Gas Pool)
4. Well Location					
Unit Letter N :			line and 19		
Section 25			nge 26E	NMPM Edd	y County
elle de la company	32!	13.8' GR	RKB, RT, GR, etc.)		
12. Check	Appropriate Bo	x to Indicate N	ature of Notice,	Report of Oth	er Data
NOTICE OF IN	TENTION TO		SÚB	SEQUENT R	REPORT OF:
PERFORM REMEDIAL WORK			REMEDIAL WOR	к [*] 🗆	ALTERING CASING:
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLAN MULTIPLE COM		COMMENCE DRI		P AND A
DOWNHOLE COMMINGLE		U	CASING/CEIVIEIN	LJOB 🔲	
CLOSED-LOOP SYSTÉM.		وينسوه		man Dun dan aki au	
OTHER: 13. Describe proposed or comp	oleted operations. (Clearly state all r		me Production	
of starting any proposed we	ork). SEE RULE 1	9.15.7.14 NMAC	For Multiple Cor	npletions: Attac	h wellbore diagram of
proposed completion or rec We are resuming produ	-	nut the unit DC	AT.	•	
w.e are resuming produ	ction. We have	put the unit BC	,		
					RECEIVED
	/ / ⊃				
date?	test!				JUN 0 4 2019
0000				DI	STRICT II-ARTESIA O.C.D.
					•
Spud Date:		ng ng m			
Spud Date.		Rig Release Da	te:	inned	المستنبسين.
I hereby certify that the information	above is true and c	omplete to the be	st of my knowledge	and helief:	
12		oniprote to the oc	second knowledge	S and amon.	
u					
SIGNATURE & area	Charles	TITLE Produ	action Analyst	Ć.	DATE 5/29/19
	Clarles		uction Analyst		:
Type or print name Karen Charle For State Use Only	Clarke		uction Analyst kcharles@vef		DATE 5/29/19 PHONE: 903-581-4382
Type or print name. Karen Charl		E-mail address		inc.com	: