

Submit 1 Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

RECEIVED  
JAN 13 2010  
NMOC D ARTESIA  
Form C-103  
October 13, 2009

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-22551
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CFM OIL COMPANY		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 1176, ARTESIA, NM 88210		7. Lease Name or Unit Agreement Name GILLESPIE STATE
4. Well Location Unit Letter <u>B</u> : <u>330</u> feet from the <u>N</u> line and <u>1650</u> feet from the <u>E</u> line Section <u>27</u> Township <u>17S</u> Range <u>28E</u> NMPM County		8. Well Number #10
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 3322
		10. Pool name or Wildcat EMPIRE YATES SEVEN RIVERS EAST

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P-AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and 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.

CLEANED OUT  
BAILED DRY  
FILLED TO SURFACE WITH CEMENT SLURRY

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Leslie Fulton TITLE OWNER DATE 1-5-2010

Type or print name LOUIS FULTON E-mail address: lesliewpatterson@msn.com PHONE: 575-746-3099

For State Use Only  
APPROVED BY: Leslie Fulton TITLE OWNER DATE 1/14/2010

Conditions of Approval (if any):

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
Forms. [www.emnrd.state.nm.us/oed](http://www.emnrd.state.nm.us/oed).