Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised July 18, 2013
District I – (575) 393-6161  1625 N. French Dr., Hobbs, NM 88240  District II – (575) 748-1283  811 S. First St., Artesia, NM 88210  District III – (505) 334-6178  1000 Rio Brazos Rd., Aztec, NM 87410  District IV – (505) 476-3460  Energy, Minerals and Natural Resources  OIL CONSERVATION DIVISION  1220 South St. Francis Dr.  Santa Fe, NM 87505		WELL API NO.
		30-015-27970
		5. Indicate Type of Lease  STATE FEE
		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		18195
SUNDRY NOTICES AND REPORTS ON WELLS  (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.)		7. Lease Name or Unit Agreement Name  Higgins Trust "1"  8. Well Number 1
1. Type of Well: Oil Well Gas Well Other		
Name of Operator     Fasken Oil and Ranch, Ltd.		9. OGRID Number 151416
3. Address of Operator		10. Pool name or Wildcat
6101 Holiday Hill Road, Midland, TX 79707	•	Atoka; Penn
4. Well Location		
Unit Letter D: 990 feet from the North line and 990 feet from the West line		
	ownship 18S Range 26E	NMPM County Eddy
11. Elevation 3287'	on (Show whether DR, RKB, RT, GR, et	c.)
3201		1
12. Check Appropriate	Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENTION	TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOR		
		RILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE	COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM ☐ OTHER:	OTHER: Return	n to Production
13. Describe proposed or completed operation	ons. (Clearly state all pertinent details, a	and give pertinent dates, including estimated date Completions: Attach wellbore diagram of
Fasken Oil and Ranch, Ltd. Requests returned this	s well to production 9/5/19.	
		NM OIL CONSERVATION
		ARTESIA DISTRICT
	•	SEP 1 I 2019
•		•
•	· ·	RECEIVED
:		
Sand Data	Rig Release Date:	
Spud Date:	Rig Release Date.	•
	•	•
I hereby certify that the information above is true	and complete to the best of my knowle	dge and belief.
SIGNATURE Altibulh	TITLE Regulatory Analyst	DATE <u>9/6/19</u>
Type or print name Addison Guelker	E-mail address: addisong@for	rl.com PHONE: 432-687-1777
For State Use Only	E man address. <u>addressigners</u>	
APPROVED BY:	TITLE Staff M.	DATE 9/11/19
Conditions of Approval (if any):		
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