

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

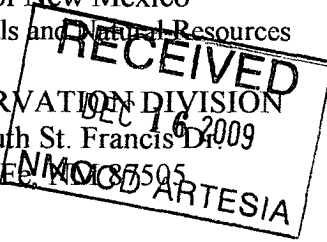
OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

October 13, 2009



WELL API NO.

30-015-22551

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

GILLESPIE STATE

8. Well Number

#10

9. OGRID Number

3322

10. Pool name or Wildcat

EMPIRE YATES SEVEN RIVERS EAST

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

CFM OIL COMPANY

3. Address of Operator

PO BOX 1176, ARTESIA, NM 88210

4. Well Location

Unit Letter B : 330 feet from the N line and 1650 feet from the E line

Section 27 Township 17S Range 28E NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

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.

CLEAN OUT

BAIL DRY

FILL 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 12/18/09

Type or print name LOUIS FULTON

E-mail address: lesliewpatterson@msn.com PHONE: 575-746-3099

For State Use Only

APPROVED BY:

*[Signature]*

TITLE

DATE 12/21/09

Conditions of Approval (if any):

Approval Granted providing work  
is complete by 3/21/10