

Submit 3 Copies 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

Form C-103  
May 27, 2004

HOBBS OCD

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

JUN 17 2011

WELL API NO. <b>30-025-26490</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Kimmy
8. Well Number 002
9. OGRID Number 141402
10. Pool name or Wildcat Langlie Mattix 7RQGB

SUNDRY NOT RECEIVED 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 <input checked="" type="checkbox"/> SWD	
2. Name of Operator Fulfer Oil & Cattle LLC	
3. Address of Operator P.O. Box 1224, Jal, NM 88252	
4. Well Location Unit Letter <u>F</u> <u>2310</u> feet from the <u>NORTH</u> line and <u>1650</u> feet from the <u>WEST</u> line Section <u>29</u> Township <u>24S</u> Range <u>37E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3360' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER: Test tubing & casing and reset packer

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

We request permission to test the tubing and casing and reset the packer at 3375'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Debbie McKelvey TITLE AGENT DATE 6/16/11

Type or print name Debbie McKelvey E-mail address: \_\_\_\_\_ Telephone No. 575-392-3575

For State Use Only

APPROVED BY: Carmy M. Hill TITLE DISTRICT 1 SUPERVISOR DATE JUN 17 2011

JUN 20 2011