

Submit 1 Copy To Appropriate District
Office
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
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
Revised July 18, 2013

WELL API NO.
3002544203

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-0244

7. Lease Name or Unit Agreement Name

WEST EUMONT UNIT

8. Well Number **107**

9. OGRID Number
371416

10. Pool name or Wildcat
EUMONT; Yates-Seven Rivers-Queen (Oil)

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
FORTY ACRES ENERGY, LLC

3. Address of Operator
11777B Katy Freeway, Suite #305, Houston, TX 77079

4. Well Location

Unit Letter **M** : **1285** feet from the **South** line and **1310** feet from the **West** line

Section **1** Township **21S** Range **35E** NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3567' GR

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: **CHANGE TO ORIGINAL APD** ☒

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.

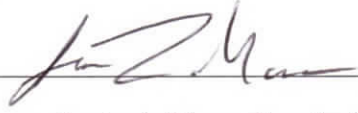
CHANGE WELL NAME

Change From: WEST EUMONT UNIT #107 TO **WEST EUMONT UNIT #114**

Spud Date:

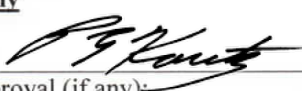
Rig Release Date:

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

SIGNATURE  TITLE Geologist DATE 02/06/2018

Type or print name Jessica LaMarro E-mail address: jessica@faenergyus.com PHONE: 832-706-0051

For State Use Only

APPROVED BY:  TITLE _____ DATE _____

Conditions of Approval (if any): _____