

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

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.)		WELL API NO. 30-025-25791
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator VERNON E. FAULCONER, INC.		6. State Oil & Gas Lease No. 300616
3. Address of Operator P.O. BOX 7995 TYLER, TX 75711		7. Lease Name or Unit Agreement Name SHOE BAR RANCH UNIT 3
4. Well Location Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST line Section 3 Township 17S Range 35E NMPM LEA County		8. Well Number 1
		9. OGRID Number 148394
		10. Pool name or Wildcat SHOE BAR; ATOKA (GAS)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3968.4 GR		

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 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: SHUT IN <input checked="" type="checkbox"/>		OTHER: SHUT IN <input checked="" 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.

*DUE TO POOR ECONOMIC CONDITIONS, WE HAVE SHUT IN THE  
SHOE BAR RANCH UNIT 3 #1 AS OF 5/27/2020.  
WE ARE CURRENTLY EVALUATING ALL AVAILABLE OPTIONS TO  
BRING THE UNIT BACK TO PRODUCTION.*

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 Karen Charles TITLE PRODUCTION ANALYST DATE 05/28/2020

Type or print name KAREN CHARLES E-mail address: KCHARLES@VEFINC.COM PHONE: 903-581-4382

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_