

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

Form C-103  
 Revised July 18, 2013

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

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. <b>30-025-38882</b>
2. Name of Operator FAE II OPERATING LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 11757 KATY FREEWAY, SUITE #1000, 77079		6. State Oil & Gas Lease No.
4. Well Location Unit Letter Q : 660 feet from the SOUTH line and 1815 feet from the EAST line Section 31 Township 24S Range 37E NMPM LEA County		7. Lease Name or Unit Agreement Name J W SHERRELL
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3563' GR		8. Well Number <b>012</b>
		9. OGRID Number 329326
		10. Pool name or Wildcat JALMAT-YATES-7 RVRS (GAS)

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: <input checked="" type="checkbox"/>		OTHER: <input 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

We are seeking an extension of the TA status. We plan to perform a mechanical integrity test of the casing and packer. The procedure will call for a chart recorder to record pressure while loading casing to 320 psi and any subsequent drops in pressure that may occur in the following 30 minutes.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 6/16/21  
 Well needs to be **PLUGGED OR RETURNED**  
 to **PRODUCTION**  
 BY THE DATE STATED ABOVE: K 7

12/18/2020 - PM NMOCD

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

SIGNATURE G. Johnson TITLE Engineer DATE 12/14/2020

Type or print name Garret Johnson E-mail address: garret@faenergyus.com PHONE: 832-706-0056  
**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 12/18/20  
 Conditions of Approval (if any):

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Farty Acres</i>		API Number <i>30-025-38882</i>
Property Name <i>JW Sherrell</i>		Well No. <i>#12</i>

1. Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County <i>Lea</i>

Well Status										
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> INJ	<input type="checkbox"/> INJECTOR	<input type="checkbox"/> SWD	<input type="checkbox"/> OIL	<input type="checkbox"/> PRODUCER	<input type="checkbox"/> GAS	DATE <i>12-16-20</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csong	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	CO2
Steady Flow	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	WTR
Surges	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	GAS
Down to nothing	<i>0 / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>0 / N</i>	Type of Fluid
Gas or Oil	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	Injected for
Water	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	Waterflood if
					applies.

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*MIT*  
*Greg Parker Energy Support*  
*1000 psi chart recorder ser# 4299*  
*Col 8-24-20*

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		<i>K7</i>
Date:	Phone:	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM



