

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS
HOBBS OCD

FORM APPROVED
Budget Bureau No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS JAN 24 2012
*Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.*

SUBMIT IN TRIPLICATE - Other instructions on page 2

RECEIVED

1. Type of Well <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> SWD		5. Lease Serial No. NMLC 032582A
2. Name of Operator FULFER OIL & CATTLE CO. LLC		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 1224, JAL, NM 88252	3b. Phone No. (include area code) 575-395-9970	7. If Unit or CA, Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UL G, 2310' FNL & 2310' FEL, SECTION 12, T25S, R36E		8. Well Name and No. E J Wells #2
		9. API Well No. 30-025-09736
		10. Field and Pool, or Exploratory Area SWD YATES - 7R
		11. County or Parish, State LEA CO., NM

12 CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	MIT Pressure Test
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

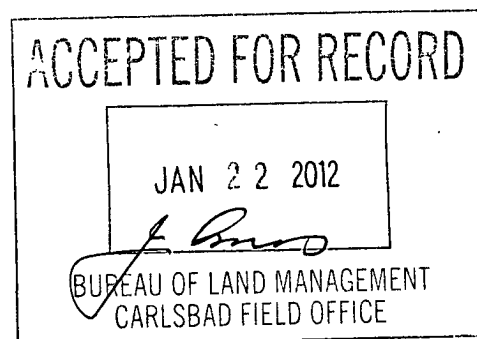
13 Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be Filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

12/28/2011 - Notify OCD/BLM 24 hrs. prior to pressure test.

12/29/2011

Tested annulus to 480 psi. Held for 50 minutes - tested good. Test witnessed by Paul Flowers, BLM.

Chart attached (original sent to OCD).



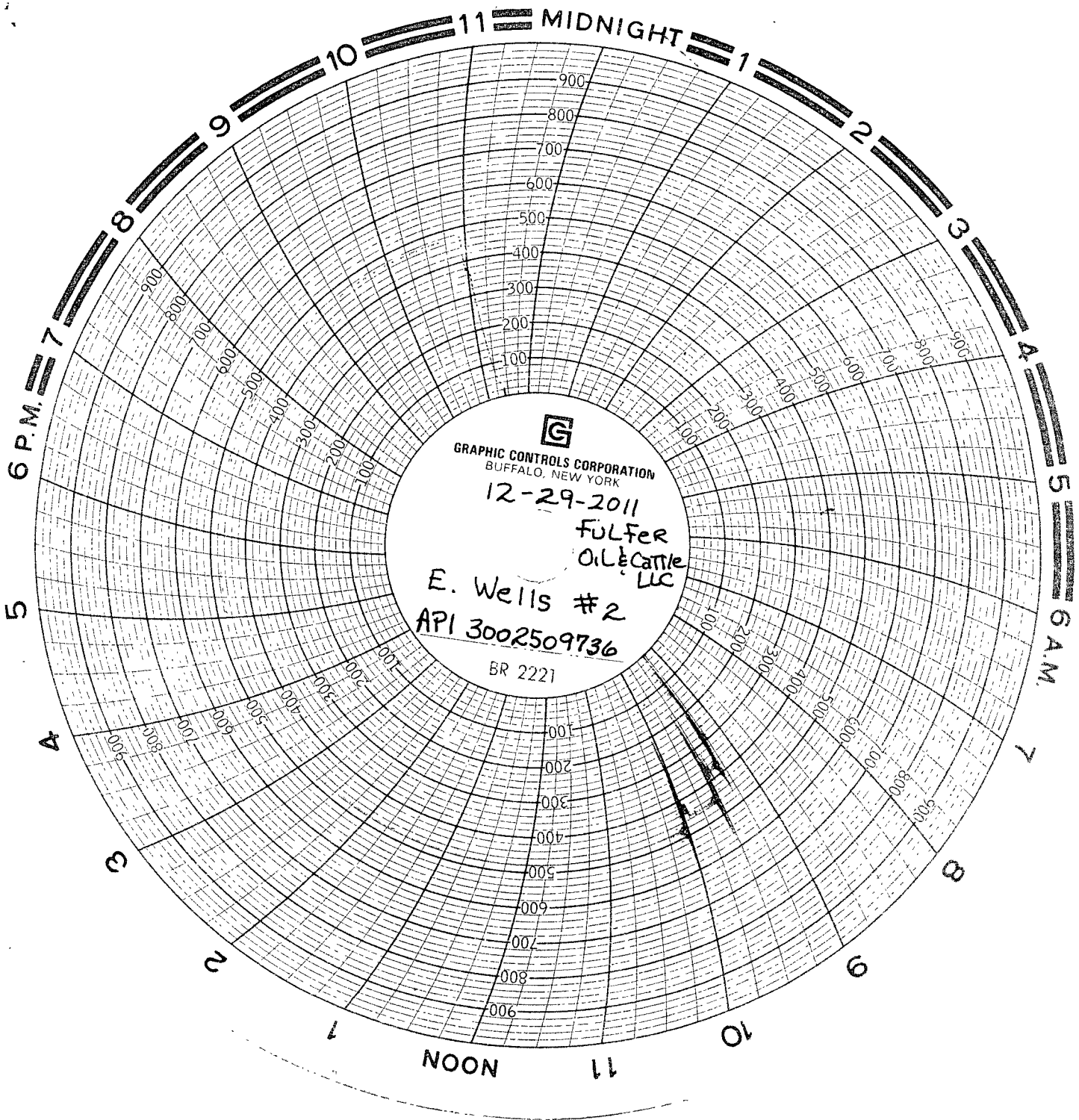
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) DEBBIE MCKELVEY		Title AGENT 575-392-3575
Signature <i>Debbie McKelvey</i>	Date 1/13/12	

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <i>MDR-OCD 1/25/2012</i>	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States and false, Fictitious or fraudulent statements or representations as to any matter within its jurisdiction

JAN 25 2012



12/29/11
Paul Flowers
BLM

FULFEE OIL & GATTLE, LLC
E. WELLS #2
API 3002509736