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Submit 3 Copies To Appropriate District	State of New	Mexico	-	Form C-103	
Office	State of Herrice	atural Resources	/	May 27, 2004	
Office District I 1625 N French Dr , Hobbs, NM ⁹ 88240 District II	Custinergy, Minerals and N	atural Resources	WELL API NO.		
District II			30-025-40361		
1301 W. Grand Ave , Artesia, NM 88210 🖷	2012OIL CONSERVATIO	JN DIVISION	5 Indiants Trans of Lange		
District III MAI: MAI:	1220 South St. F	rancis Dr.	STATE STATE STATE	Е. П. 🗸 🗌	
1000 Rio Brazos Rd , Aztec, NM 87410	Santa Fe, NM	[87505	- 6. State Oil & Gas Lease No);	
1220'S St. Francis Dr , Santa Fe, NMECEN 87505	VED				
SUNDRY NÖTIC	ES AND REPORTS ON WEI	LLS I COMPACIÓN AND	7. Lease Name or Unit Agre	ement Name	
(DO NOT/USE THIS FORM FOR PROPOSA	LS TO DRILL'OR TO DEEPEN OR	PLUG BACK TO A . C.			
DIFFERENT RESERVOIR USE, APPLICA	TION FOR PERMIT" (FORM C-III	I) FOR SUCH	Quail "16" Štate	<u></u>	
1. Type of Well: Oil Well 🕅 🖸	as Well 🖸 Other	1	8: Well Number 3H		
2. Name of Operator Fasken Oil and Ranch, Ltd.			9. OGRID Number		
Fasken Oil and Ranch, Ltd.		-	151416 🗸		
5. Hudiess of operator		• •	10. Pool name or Wildcat	/	
303 W. Wall, Suite 1800, Midland, T	X 79701	1946 - C. T. C. M.	Lea; Bone Spring		
4. Well Location BHL – Unit Letter D, 380' FNL and 380' FWL					
Unit Letter M_ : 6	60' feet from the South	line and30	<u>0'</u> feet from the <u>West</u>	line 🗸	
Section 16	Township 20S				
	11. Elevation (Show whether	DR, RKB, RT, GR, etc.,			
3640' GR					
Pit or Below-grade Tank Application 🗋 or Closure					
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water					
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material					
12. Check At	opropriate Box to Indicate	e Nature of Notice.	Report or Other Data		
· · · · · ·		·· · · · · · · ·			
NOTICE OF INT			SEQUENT REPORT C		
PERFORM REMEDIAL WORK 🔲 🔤 PLUG AND ABANDON 🔤 🔤 REMEDIAL WORK 👘 👘 🔲 🛛 ALTERING CASING 🔲					
PULL OR ALTER CASING		CASING/CEMEN	TJOBA AND AND AND AND AND AND AND AND AND AN	الميانية الميا 19 ومستقد من المير	
OTHER:			ermediate Casing		
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date					

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SFE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4-25-12 - 5-8-12

Drilled a 12 ¹⁄₄" hole from 1605' – 5230'. Set 117 jts. 9-5/8" LT&C 40# HCK-55#, 40# J-55, & 36# J-55 casing @ 5216' & one Weatherford DV Tool @ 3822'. Cemented w/ 1st stage: Pumped 20 bfw, 400 sx Lightweight C with 5% salt, 1/8 lb/sx celloflake, 6% gel, 0.2% antifoam, 0.4% fluid loss (s.w.12.6 ppg, yield 2.07 ft³/sx) plus 250 sx Class "C" (s.w. 14.8 ppg, yield 1.33 ft³/sx). PD at 8:30 pm CDT 5-6-12. Opened DV tool and circulated 210 sx excess cement. 2nd Stage: 1500 sx Lightweight C with 5% salt, 1/8 lb/sx celloflake, 6% gel, 0.2% antifoam, 0.4% fluid loss (s.w. 12.6, yield 2.23 ft³/sx) plus 200 sx Class "C" (s.w. 14.8 ppg, yield 1.33 ft³/sx). PD at 8:30 pm CDT 5-6-12. Opened DV tool and circulated 210 sx excess cement. 2nd Stage: 1500 sx Lightweight C with 5% salt, 1/8 lb/sx celloflake, 6% gel, 0.2% antifoam, 0.4% fluid loss (s.w. 12.6, yield 2.23 ft³/sx) plus 200 sx Class "C" (s.w. 14.8 ppg, yield 1.33 ft³/sx). PD at 5:45 am CDT 5-7-12. Bumped plug to 1800 psi, floats did not hold. Pressured up to 2000 psi, floats held. Circulated 607 sx excess cement. Centralized casing in the middle of the shoe joint, top of the 2nd joint, every 4th joint up to and around DV tool (12 total centralizers). WOC Time 49 ³/₄ hrs. Pressure test 9 5/8" csg. to 3000 psi, ½ hr.

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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.

signature Rim Bym	TITLE Regulatory Analyst	DATE <u>5-15-2012</u>
Type or print name Kim Tyson For State Use Only	E-mail address: kimt@forl.com	Telephone No. (432) 687-1777
APPROVED BY: Conditions of Approval (af any):	TITLE PERPONENT ING WE	EnMAY 18 20/12

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