

Office

Revised August 1, 2011

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 78201

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

87505

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-11853

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

DYER

8. Well Number

001

9. OGRID Number

141402

10. Pool name or Wildcat

JALMAT;TAN-YATES-7RVRS(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

FULFER OIL & CATTLE LLC

3. Address of Operator

P.O. BOX 1224, JAL, NM 88252

4. Well Location

Unit Letter B : 330 feet from the NORTH line and 2310 feet from the EAST lineSection 31 Township 25S Range 37E NMPM County LEA

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

2992 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: RETURN TO PRODUCTION ☒

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.

* PROVIDE WELLBORE DIAGRAM
W/SUBSEQUENT C-103

Clean out hole to 3130'.

Treat with 1500 gals. of acid.

Run 2 3/8" tbg, 3/4 rods, and 1 1/2" pump.

Return to production.

OCD Condition of Approval:

After remedial work has been done Forms required are:
 C-103 Subsequent Report with dates and the work that was done, and
 C-104 with transporter(s), perms producing from, tubing size and depth
 & 24 hour production test

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 Debbie McKelvey TITLE AGENT DATE 7/3/12Type or print name DEBBIE MCKELVEY E-mail address: debmkelvey@earthlink.net PHONE: 575-392-3575

For State Use Only

APPROVED BY: Maley Brown TITLE Compliance Officer DATE 7/10/2012

Conditions of Approval (if any)

JUL 10 2012