

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

HOBBS OGD
MAR 10 2014

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

WELL API NO. 30-025-09807 /
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BROWN /
8. Well Number 5 /
9. OGRID Number 141402 /
10. Pool name or Wildcat SWD, YATES RIVERS /
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY RECEIVED 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 SWD (R-5196)

2. Name of Operator
FULFER OIL & RATTLE, LLC.

3. Address of Operator
PO BOX 1224 JAL, NM 88252

4. Well Location
Unit Letter E : 1650 feet from the N line and 990 feet from the W line
Section 25 Township 25S Range 36E NMPM County LEA

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 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.

INTEGRITY & BRADEN HEAD TEST WERE PERFORMED
SEE ATTACHED CHART.

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 Gary W. Wink TITLE PRODUCTION FOREMAN DATE 3/6/14

Type or print name _____ E-mail address: garywinke@eaenergy.com PHONE: 575-390-5095

For State Use Only

APPROVED BY: _____ DATE _____

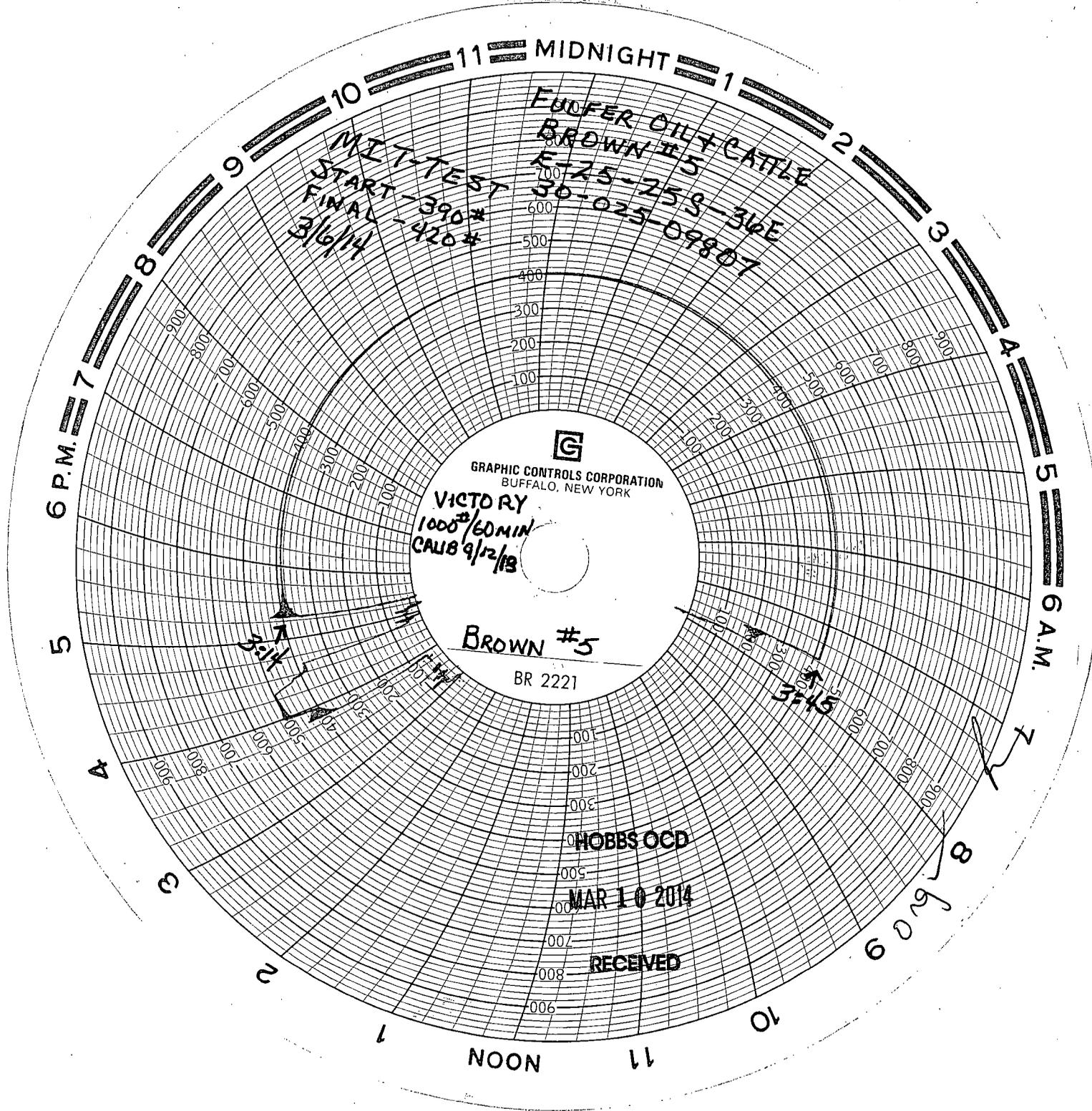
Conditions of Approval (if any):

Accepted for Record Only

MSB 3/12/2014

MAR 12 2014

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INIT. TEST
START - 390#
FINAL - 420#
3/6/14

FOOPER OILY CATTLE
BROWN #5
E-25-25S-36E
30-025-09807

G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

VICTORY
1000[#]/60MIN
CALIB 9/12/13

BROWN #5
BR 2221

HOBBS OCD

MAR 10 2014

RECEIVED

6098