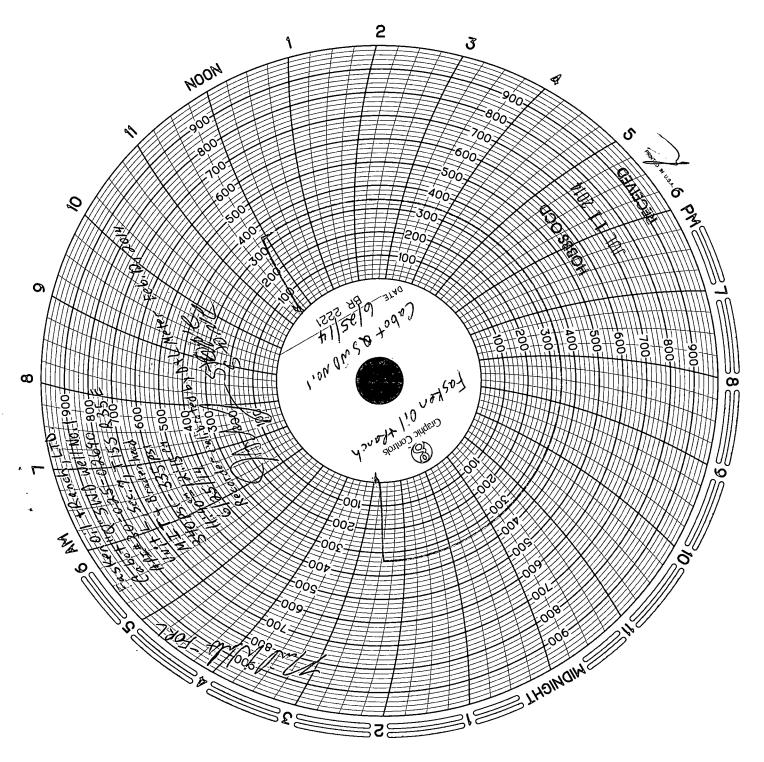
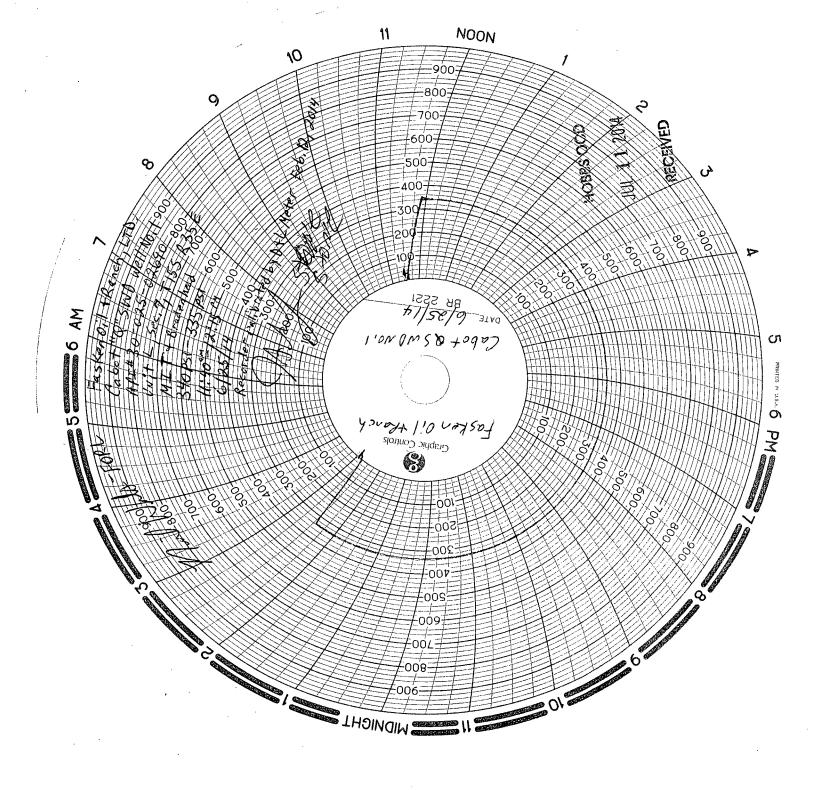
| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 | |
|--|--|-----------------------|--------------------------------------|--------------------------|
| <u>District 1</u> – (575) 393-6161 | | | Revised July 18, 2013 | |
| 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | 1 (575) 749 1292 | | WELL API NO. 30-025-02690 | |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lo | ease, |
| <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE 🖂 | FEE 🗌 |
| <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 8 | 37505 | 6. State Oil & Gas Le | ase No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | |
| | ICES AND REPORTS ON WELL | S | 7. Lease Name or Un | it Agreement Name |
| | DSALS TO DRILL OR TO DEEPEN OR PI CATION FOR PERMIT" (FORM C-101) F | | a to war a construction | |
| PROPOSALS.) | <u></u> | OK GOOT | Cabot "Q" State SWI 8. Well Number 1 | · |
| 1. Type of Well: Oil Well | Gas Well Other SWD | BBS OCD | | |
| 2. Name of Operator | , :0 | | 9. OGRID Number | · |
| Fasken Oil and Ranch, Ltd. 3. Address of Operator | · 1111 | 11 2014 | 151416 10. Pool name or Wil | deat |
| 6101 Holiday Hill Road, Midland, | TX 79707 | 11.000 | SWD; San Andres | dear |
| 4. Well Location | <u></u> | | | |
| Unit Letter L | 1980' feet from the South | ECEIVED line and 5 | 60' feet from the | West line |
| Section 7 | Township 15S | Range 35E | | County Lea |
| | 11. Elevation (Show whether Di | | | county Ecc |
| | 4053' GR | | | |
| | | • | | • |
| 12. Check | Appropriate Box to Indicate 1 | Nature of Notice, | Report or Other Dat | a |
| NOTICE OF IN | ITENITION TO | CLID | CECHENT DEDO | DT OF. |
| PERFORM REMEDIAL WORK | NTENTION TO: PLUG AND ABANDON □ | REMEDIAL WOR | SEQUENT REPO | RT OF: ERING CASING 🗌 |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A | | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | | |
| DOWNHOLE COMMINGLE | _ | | _ | |
| CLOSED-LOOP SYSTEM □ | _ | | | _ |
| OTHER: | | OTHER: MIT Te | | |
| 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 re- | | ic. Toi withinpic coi | ilpictions. Attach weno | ore diagram or |
| | 1 | | | |
| 6-25-14 - 6-25-14 | | | | |
| RU pump truck and pressured up to 340 psi and pressure dropped to 335 psi in 35 minutes. Please see attached chart. | | | | |
| the pump stack and pressured up to 3 to per and pressure dropped to 335 per miss immuses. Trease see distance enaits. | | | | |
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| <u></u> | | | | |
| Spud Date: | Rig Release D | Date: | | |
| | | | | |
| | | | | |
| hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| | | | | |
| SIGNATURE () O | TITLE | Regulatory Analy | yst DATE | 7-9-2014 |
| SIGNATURE Rom Zym | 111LE | Regulatory Alian | youDATE | /-2-2014 |
| Type or print nameKim Ty | <u>/son</u> | ss: <u>kimt@forl.</u> | .com PHONE: _ | 432-687-1777 |
| For State Use Only | 0 | | | |
| ADDROVED BY ROOM | Lamamaheritle S | Staff Manag | D.A.TO | 71.010 |
| APPROVED BY: \(\text{J} \) Conditions of Approval (if any): | Comanadille 6 | THE VITANAG | DATE_ | 7/18/2014 |

JUL 2 1 2014

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