| Office Office | State of New Me | 5 1CO | Form C-103 |
|--|--|----------------------|--|
| District I – (575) 393-6161 | Energý, Minerals and Natu | iral Resources | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | - | | WELL API NO. |
| District II - (575) 748-1283 | OIL CONSERVATION | DIVISION | 30-025-05046 |
| 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 | 1220 South St. Frai | | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | STATE FEE 🔀 |
| <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 87 | /303 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | 1 |
| | CES AND REPORTS ON WELLS | | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOS | | | 7. Bease Name of Other Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLIC | ATION FOR PERMIT" (FORM C-101) FO | OR SUCH | Wingerd ⁱ |
| PROPOSALS.) | - W N 57 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | OBBS OCD | 8. Well Number 13 |
| | Gas Well 🛛 Other SWD | | <u> </u> |
| 2. Name of Operator | 11 | UL 11 2014 | 9. OGRID Number |
| Fasken Oil and Ranch, Ltd. | | UL 11 20.1 | 151416 |
| 3. Address of Operator | DV 30303 | | 10. Pool name or Wildcat |
| 6101 Holiday Hill Road, Midland, 7 | X 19101 | RECEIVED | SWD; Devonian |
| 4. Well Location | | | |
| Unit Letter P : | 990' feet from the South | line and 66 | 60' feet from the East line |
| Section 24 | Township 12S | Range 37 | |
| 24 | 11. Elevation (Show whether DR | | |
| | 3875' GR | , M.D, MI, OM, Ell., | |
| | 3073 GR | | |
| 12 01 1 4 | managara De de La Paris N | Internal - CNT - C | Danast as Otlas Data |
| 12. Check A | ppropriate Box to Indicate N | ature of Notice, | Report or Other Data |
| NOTICE OF IN | TENTION TO: | CHD | SEQUENT REPORT OF: |
| | | REMEDIAL WOR | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | ł. | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRI | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | T JOB 📙 |
| DOWNHOLE COMMINGLE | | | |
| CLOSED-LOOP SYSTEM | | | |
| OTHER: | | OTHER: MIT TO | |
| | | | d give pertinent dates, including estimated date |
| | | C. For Multiple Co. | mpletions: Attach wellbore diagram of |
| proposed completion or reco | mpletion. | | |
| | | | |
| 6-25-14 - 6-25-14 | | | |
| DII touch and | .d t- 240:d d | | minutes. Disease are attached about |
| RU pump truck and pressure | ed up to 340 psi and pressure dropp | bed to 330 psi in 35 | minutes. Please see attached chart. |
| | | | |
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| <u> </u> | | | |
| Spud Date: | Rig Release Da | ate. | |
| | Trig Release Di | | |
| | <u>-</u> | | |
| | | | 11.12.6 |
| I hereby certify that the information a | bove is true and complete to the b | est of my knowledg | ge and belief. |
| | | | |
| (): 0 | | | |
| SIGNATURE Kim Tym | TITLE | Regulatory Anal | <u>yst</u> <u>DATE</u> <u>7-9-2014</u> |
| J | | | |
| Type or print name <u>Kim Tys</u> | <u>son</u> E-mail addres | s: <u>kimt@forl</u> | l.com PHONE: 432-687-1777 |
| For State Use Only | | | |
| Rnoll | , 0, | 0 .0 | 711- |
| APPROVED BY: / Some | ECORD ONLY | TT N/ANOGE | DATE 7/18/2014 |
| Conditions of Approval (if any): | PLOOKD ONLY | • | |
| | | | 1111 0 2 |



