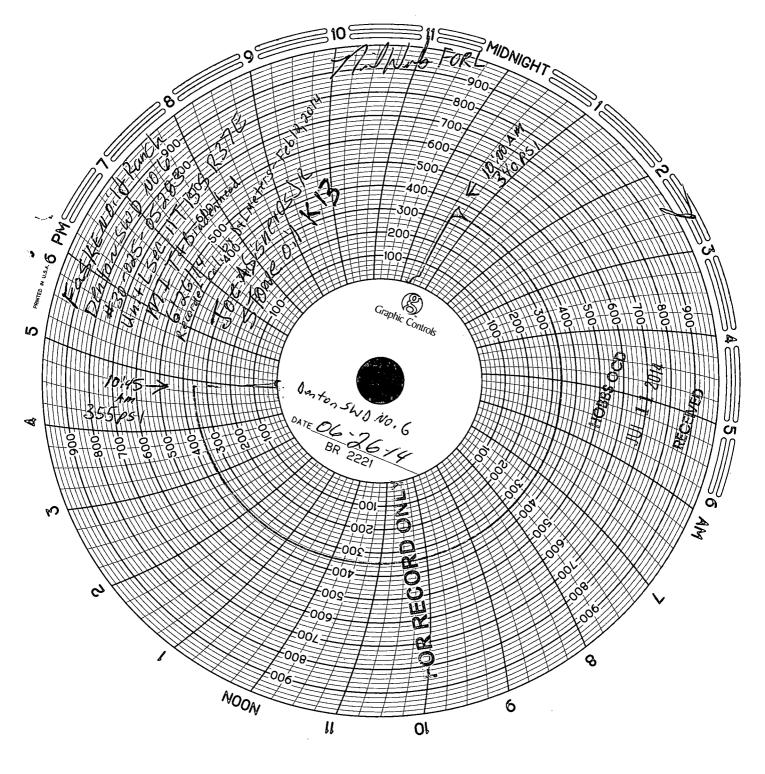
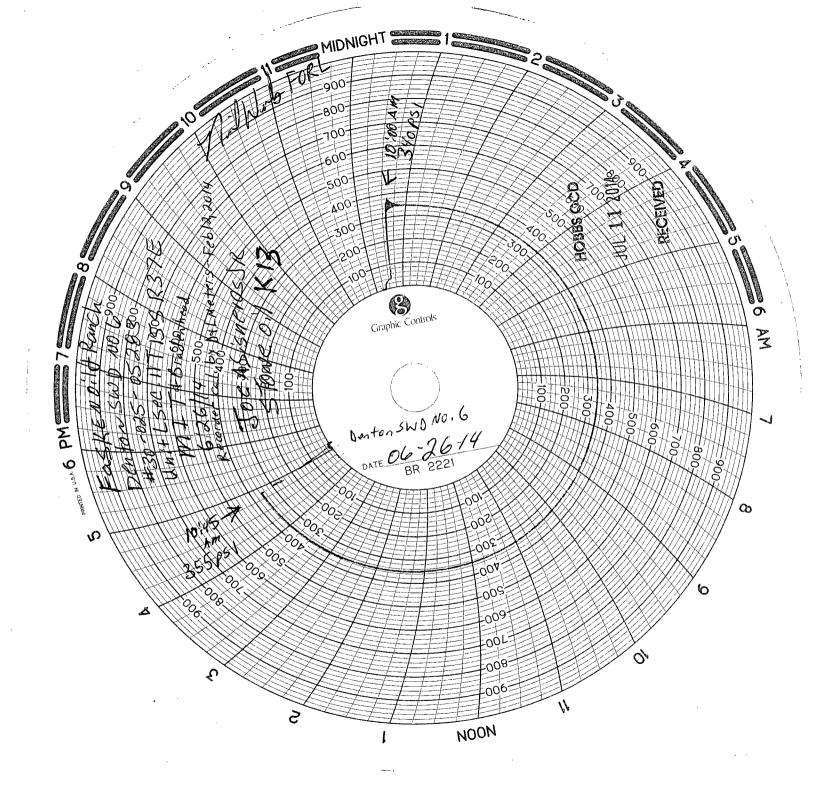
Office Office	State of New Me	xico		Form C-103
District I – (575) 393-6161	Energy, Minerals and Natu	ıral Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	N. French Dr., Hobbs, NM 88240		WELL API NO.	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-05283 5 . Indicate Type of I	
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		STATE	FEE 🛛
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87	7505	6. State Oil & Gas L	
1220 S. St. Francis Dr., Santa Fe, NM				
87505	CES AND REPORTS ON WELLS		7 Lagga Nama or II	nit Agreement Name
(DO NOT USE THIS FORM FOR PROPO			7. Lease Name of U	ant Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC			Denton SWD	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other SWD HC	OBBS OCD	8. Well Number	6 C
2. Name of Operator	Cas well		9. OGRID Number	
Fasken Oil and Ranch, Ltd.	11.1	1 1 2014	151416	
3. Address of Operator	31,		10. Pool name or W	ildcat
6101 Holiday Hill Road, Midland,	ΓX 79707		SWD; Penn	
4. Well Location		RECEIVED		
Unit Letter <u>L</u> :	1980' feet from the South	line and 9	90' feet from the	West line
Section 11	Township 15S	Range 371		County Lea
	11. Elevation (Show whether DR,			ovanity
	3797' GR	, , ,		
12. Check A	Appropriate Box to Indicate N	ature of Notice,	Report or Other Da	ıta
	• •		•	
NOTICE OF IN		•	SEQUENT REPO	
PERFORM REMEDIAL WORK				TERING CASING
EMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ CASING/CEMENT JOB ☐				AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM				
OTHER:	. \Box	OTHER: MIT Te	est	\bowtie
	leted operations. (Clearly state all I			
of starting any proposed wo	rk). SEE RULE 19.15.7.14 NMAC			
proposed completion or rec	ompletion.			
6-26-14 - 6-26-14				
0-20-14 - 0-20-14				
RU pump truck and pressur	ed up to 340 psi at the beginning of	the test and pressur	re increased to 355 psi	by the end of the test for
45 minutes. Please see atta		ŗ	İ.	,
	•			
	2, 21			
Spud Date:	Rig Release Da	ite:		
<u> </u>				1
I hereby certify that the information	above is true and complete to the be	est of my knowledge	e and belief.	
SIGNATURE / Jim Zym	TITLE	Regulatory Analy	yst DATE	7-9-2014
			DITTE_	, , 2011
	son E-mail address	s: <u>kimt@forl.</u>	.com PHONE:	432-687-1777
For State Use Only	•		•	
$\mathcal{R}_{\infty}U$	0. 1	((,0)		7/10/20
APPROVED BY: / Life on the control of American A	ruman TITLE Ste	H Manage	DATE	7/18/2014
Conditions of Approval (if any):	COP RECORD	UNLI		· · · · · · · · · · · · · · · · · · ·

JUL 2 1 2014





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