

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

WELL API NO. 30-025-28202

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
NM 16353

7. Lease Name or Unit Agreement Name
ELYON A FEDERAL

8. Well Number 002

9. OGRID Number 019381

10. Pool name or Wildcat
1980 FSL 1980 FWL DELAWARE

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

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
ROBERT H FORREST, JR OIL LLC

3. Address of Operator
609 ELORA DRIVE, CARLSBAD, NM 88220

4. Well Location
 Unit Letter K : 27 feet from the 24S line and 32 feet from the E line
 Section Township Range NMPM County

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 checked="" 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.

I used a reverse unit to clean out the well bore to TD below the perfor. The tubing was run back into the hole and the packer was set. On 10/20/14 George Bowen with the OGD witnessed the Bradenhead test and MIT test. Both passed. The chart and Bradenhead test results are both enclosed.

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 Robert H. Forrest Jr TITLE Owner / Operator DATE 10/22/14
 Type or print name ROBERT H. FORREST, JR E-mail address: bwstevensinn@carlsbadnm.com PHONE: (505) 382-1811
For State Use Only
 APPROVED BY: Bill Sawamah TITLE Staff Manager DATE 10/24/2014
 Conditions of Approval (if any):

OCT 27 2014 *[Signature]*

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