

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

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

WELL API NO. 30-025-29184
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 315183
7. Lease Name or Unit Agreement Name Chalupa SWD
8. Well Number 004
9. OGRID Number 370740
10. Pool name or Wildcat SWD - Bough
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4180.9' GR

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 SWD

2. Name of Operator Foundation Energy Management, LLC

3. Address of Operator 16000 North Dallas Parkway, Suite 875, Dallas, TX 75248

4. Well Location
Unit Letter M : 330 feet from the South line and 330 feet from the West line
Section 13 Township 14S Range 33E NMPM Lea County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4180.9' GR

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: Bradenhead Test <input checked="" 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.

MIT + BHT

Bradenhead test successfully performed on 09/09/2015. Please see the attached Bradenhead Test Report & Test Chart.

Spud Date:

03/26/1985

Rig Release Date:

05/22/1986

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Caitlin O'Hair

TITLE

HSE/Regulatory Tech

DATE

9/29/2015

Type or print name
For State Use Only

Caitlin O'Hair

E-mail address:

regulatory@foundationenergy.com

PHONE:

915-526-5591

APPROVED BY:

Bel Hernandez

TITLE

Staff Manager

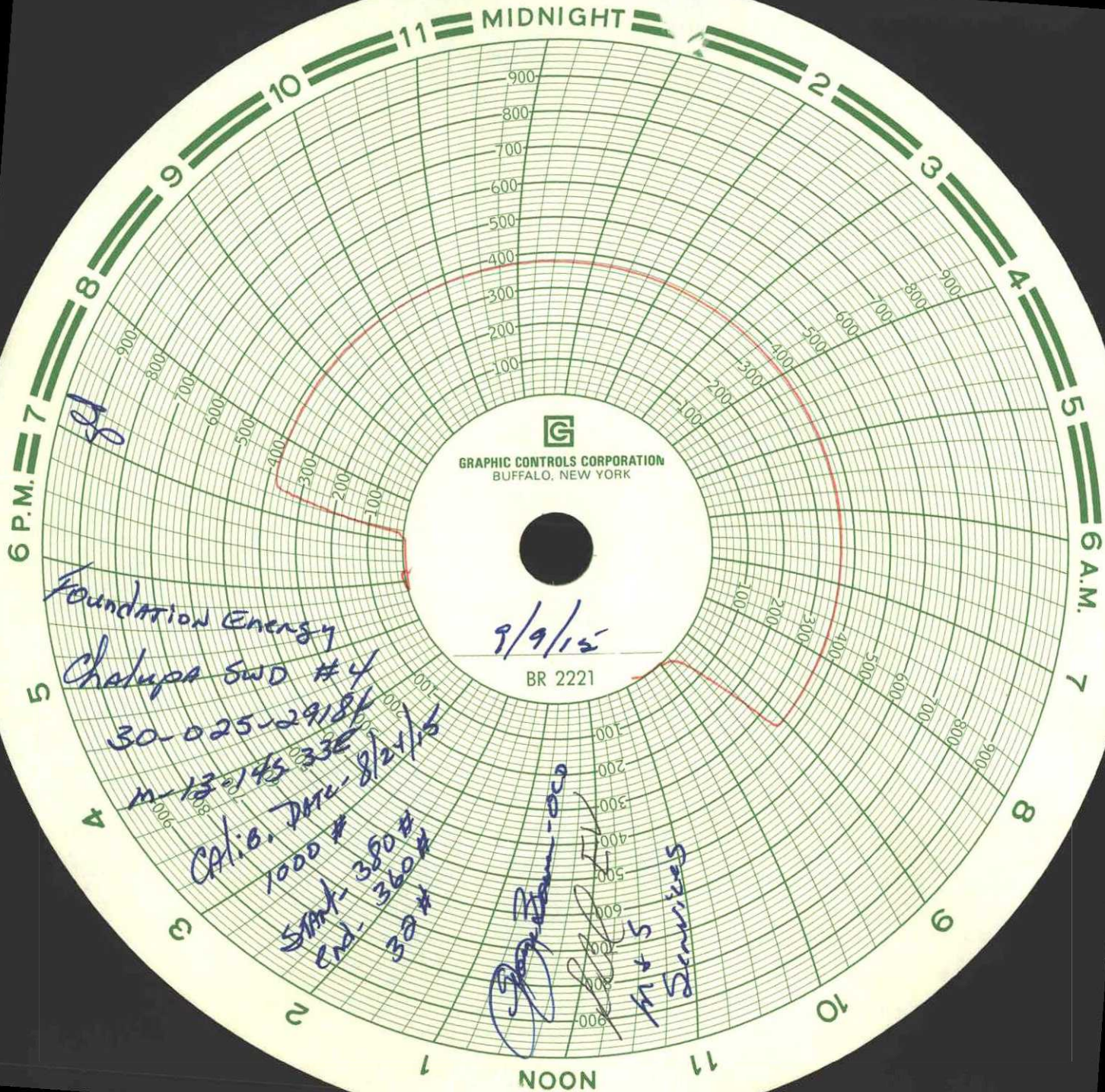
DATE

10/9/15

Conditions of Approval (if any):

OCT 13 2015

dm



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

9/9/15

BR 2221

Foundation Energy

Chalupa SWD #4

30-025-2918

M-12-145 330

CALIB. DATE 8/21/15

1000 #

START- 350 #

END- 360 #

30 #

[Signature]

Services