

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

Form C-10  
 Revised July 18, 201

**HOBBS OGD**  
**MAY 18 2016**  
**RECEIVED**

WELL API NO. 829  
30-025-09288  
 5. Indicate Type of Lease  
 STATE  FEE   
 6. State Oil & Gas Lease No.

**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  
FULFER OIL + CATTLE, LLC  
 3. Address of Operator  
P.O. BOX 1224 JAL, NM 88252  
 4. Well Location  
 Unit Letter F : 1690 feet from the N line and 1870 feet from the W line  
 Section 25 Township 255 Range 36E NMPM County LEA  
 7. Lease Name or Unit Agreement Name  
BROWN  
 8. Well Number 4  
 9. OGRID Number  
141402  
 10. Pool name or Wildcat  
JALMAT, TAN, YATES, 7RQ  
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3247'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <u>RETURN TO PROD.</u> <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.

RAN 24 HR. PRODUCTION TEST 5-5-16  
TBG. #28  
CSG. #30  
OIL - 1 BBL.  
WATER - 43 BBL.  
GAS - 2 MCF

Spud Date: 8-6-60 Rig Release Date: 8-11-60

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

SIGNATURE Gary W. Wink TITLE Production Foreman DATE 5/17/16  
 Type or print name GARY W. WINK E-mail address: gary.wink@energy.com PHONE 575-390-5095  
**For State Use Only**  
 APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 5/18/2016  
 Conditions of Approval (if any):