

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
RECEIVED
 MAY 18 2016

WELL API NO. 30-025-09280 11809

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
LC 32579C

7. Lease Name or Unit Agreement Name
CARLSON B-27

8. Well Number 2

9. OGRID Number
141402

10. Pool name or Wildcat
7RQ, GB

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 I : 2310 feet from the S line and 330 feet from the E line
 Section 27 Township 25S Range 37E NMPM County LEA

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

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: <u>RETURN TO PRODUCTION</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.

RAW 24 HR. PRODUCTION TEST - 5-10-16

TBG. - 15#
CSG. - 15#
OIL - 2 BBLs.
WATER - 117 BBLs.
GAS - TSTM

Spud Date: 12-13-38 Rig Release Date: _____

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: garywink@leaenergy.com PHONE 575-390-5095

For State Use Only
 APPROVED BY: Mary G. Brown TITLE Dist Supervisor DATE 5/18/2016
 Conditions of Approval (if any):