

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-103
Revised July 18, 2013

HOBBS OGD
MAY 18 2016
RECEIVED

WELL API NO. 30-025-26437
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name KIMMY
8. Well Number 3
9. OGRID Number 141102
10. Pool name or Wildcat LANG. MATIX; 7RQ, GB
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
FULFORD & CATTLE, LLC

3. Address of Operator
P.O. BOX 1224 JAL, NM 88252

4. Well Location
Unit Letter **L** : **1650** feet from the **S** line and **330** feet from the **W** line
Section **29** Township **24S** Range **37E** NMPM County **LEA**

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: RETURN TO PRODUCTION <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 5/4/16
T.B.G. - 10#
CSG. - 10#
OIL - 2 BBLS.
WATER - 31 BBLS.
GAS - 4 MCF

Spud Date:

8-23-79

Rig Release Date:

9-1-79

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@leaenergy.com** PHONE: **575-310-5085**

For State Use Only

APPROVED BY:

Mary S. Brown

TITLE **Dist Supervisor**

DATE **5/18/2016**

Conditions of Approval (if any):