

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. <b>90-025-26638</b>
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 <b>KIMMY</b>
8. Well Number <b>4</b>
9. OGRID Number <b>141402</b>
10. Pool name or Wildcat <b>LAN.MATTIX-7R9, BB</b>
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  
**FULFER OIL & CATTLE, LLC**

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

4. Well Location  
 Unit Letter **M** : **890** feet from the **S** line and **660** 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

<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: <b>RETURN TO PRODUCTION</b> <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 5-1-16**

**TBG. - 25#**  
**CSG. - 25#**  
**OIL - 1 BBL**  
**WATER - 22 BBLs.**  
**GAS - 6 MCF**

Spud Date: **1-24-80**

Rig Release Date: **2-2-80**

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 Brown** TITLE **Dist Supervisor** DATE **5/18/2016**  
 Conditions of Approval (if any):