

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

HOBBS OOD
 OCT 09 2016
 RECEIVED

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-27085	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 Jal North Ranch SWD	
8. Well Number 001	
9. OGRID Number 141402	
10. Pool name or Wildcat [96141] SWD;YATES-SEVEN RIVERS	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3127' G.L.	

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 **Fulfer Oil & Cattle, LLC**

3. Address of Operator **P.O. Box 1224, Jal, NM 88252**

4. Well Location
 Unit Letter **N** : **660** feet from the **South** line and **1980** feet from the **West** line
 Section **7** Township **25-S** Range **37-E** NMPM County **Lea**

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: Drill out, zone abandon, SWD prep <input checked="" type="checkbox"/></p>
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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.

NOTE: This sundry is being submitted to document activities to reenter the well and configure for SWD-1631. Certain events have modified plans and work is ongoing. Additional sundries will be filed to fully document all events up to SWD commencement.

Conduct Safety Meeting Prior to ALL Activities...

9/07 - 9/28/16 - MIRU; installed/tested BOP; Drilled out and circulated out existing plugs at surface, 1000'; 2600'; 2800'; 3360'; 3500'; 4470'; 5470'; 8000' and 8895'; Several plugs were soft.

9/29/16 - D/O plugs at 9824' w/ CIBP @ 9952'. Devonian open (supposed to be sqz'd) - Pmpd 570 bbls brine 6 bpm on vacuum; RD swvl unit POOH.

9/30/16 - Drld thru CIRC @ 10732' (above FUSS) and started getting some gas kicks at 10850'. Pmp 58 bbls brn kill. SD for weekend.

10/04/16 - Bleed 200 psi gas build up - no fluid; slight blow continued to pit. RIH and set CIBP @ 10734'; Dump bail 100' (20 sx) cap.

10/05/16 - RU wireline; Ran CBL from 10640' to surface. Good bond above zone and throughout w/ some occasional spottiness - good bond from previous sqz at and above INT shoe. POOH w/ log and SD. Reported CBL results to OCD. No voids worth squeeze attempt.

Next activity: Perforate Devonian interval for disposal

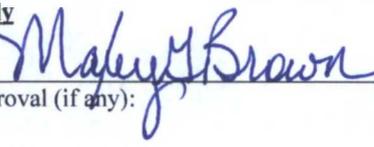
Spud Date: MIRU 9/07/16 Rig Release Date:

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

SIGNATURE  TITLE Agent/consultant DATE 10/06/2016

Type or print name _____ E-mail address: ben@sosconsulting.us PHONE: 903-488-9850

For State Use Only

APPROVED BY:  TITLE Dist. Supervisor DATE 10/6/2016

Conditions of Approval (if any): _____