

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

Form C-103
 Revised July 18, 2013

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

HOBBS OCD
 RECEIVED

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.)		WELL API NO. 30-025-11487 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJ. WELL		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator FULFER OIL & CATTLE, LLC		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 1224 JAL, NM 88252		7. Lease Name or Unit Agreement Name SOUTH LANGLIE JAL UNIT ✓
4. Well Location Unit Letter <u>K</u> : <u>1650</u> feet from the <u>S</u> line and <u>1939</u> feet from the <u>W</u> line Section <u>7</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3142' DF</u>		9. OGRID Number 160825 <u>141402</u> ✓
		10. Pool name or Wildcat JALMAT TANSIL YATES 7RQ

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>MIT</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.

R.I.U. PARKER HOT OILER AND RAN MIT
 W/CHART RECORDER.
 STARTED TEST @ 355# ENDED @ 340# - 32 MINUTES

Spud Date: 6-1-1955

Rig Release Date: 6-20-1955

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 11-16-17

Type or print name GARY W. WINK E-mail address: garywink@leaenergy.com PHONE: 575-390-5095
 For State Use Only

APPROVED BY: Stacy Robinson TITLE Compliance Officer DATE 12-6-17
 Conditions of Approval (if any):