

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 August 1, 2011

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

HOBBS OGD  
 APR 09 2018  
 RECEIVED

WELL API NO. 30-025-34954	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B 2330-10	
7. Lease Name or Unit Agreement Name State I	
8. Well Number 4	
9. OGRID Number 141402	
10. Pool name or Wildcat Monument (Tubb)	
4. Well Location Unit Letter <u>N</u> : <u>880</u> feet from the <u>South</u> line and <u>1930</u> feet from the <u>West</u> line Section <u>16</u> Township <u>20S</u> Range <u>37E</u> NMPM Lea County	
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

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

**NOTICE OF INTENTION TO:**

- PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING  MULTIPLE COMPL   
 DOWNHOLE COMMINGLE

**SUBSEQUENT REPORT OF:**

- REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB

OTHER:  OTHER: Return to Production

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.

12/28/2017  
 Replaced tubing and pump.  
 Returned to production 12/28/2017  
 24-hr. test 1/9/2018: 2 BO, MCF TSTM, 53 BW

Spud Date:

Rig Release Date:

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

SIGNATURE Debbie McKelvey TITLE Regulatory Agent DATE 4/6/18

Type or print name Debbie McKelvey E-mail address: debmkelvey@earthlink.net PHONE: 575-392-3575

**For State Use Only**

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 4-11-18  
 Conditions of Approval (if any):