

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

HOBBS OCD State of New Mexico
 Energy, Minerals and Natural Resources
APR 11 2018
RECEIVED
 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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| 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. 30-025-35144 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED <input checked="" type="checkbox"/> |
| 2. Name of Operator Foundation Energy Management LLC | | 6. State Oil & Gas Lease No. 305951 |
| 3. Address of Operator 5057 Keller Springs Rd Suite 650 Addison TX 75001 | | 7. Lease Name or Unit Agreement Name Sharbro Federal |
| 4. Well Location Unit Letter: <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>7</u> Township <u>23S</u> Range <u>32E</u> NMPM County <u>Lea</u> | | 8. Well Number # <u>7</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3522</u> <u>6L</u> | | 9. OGRID Number 370740 |
| | | 10. Pool name or Wildcat Deleware |

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

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

Rig up. Pull rods and tubings out of well. Run CIBP on wireline. Set CIBP with 50' above perforation on WL. Top perf is at 6469'. Dump Best 35' of cement on CIBP. Load ^{lbs} and casing with 2% KCl. Pressure test to 500# for 30 min. Fill out follow up TA forms.
 Note: NMOCDD will be notified 48hrs prior to MIT to be witnessed
 Plan to begin work on 4/23/18

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 Home Madden TITLE OPS Superintendent DATE 4-10-18
 Type or print name Home Madden E-mail address: hmadden@foundationenergy.com PHONE: 918-526-5580
For State Use Only

APPROVED BY: _____ TITLE: _____ DATE: _____
 Conditions of Approval (if any):

SUBJECT TO:
APPROVAL BY BLM

MJB

NO PROD REPORTED - 45 MONTHS