

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

Well File Oil PG Form C-103
 JWD SP KAT Revised July 18, 2013

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

"Record Clean Up"

WELL API NO. 30-025-41771
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Laguna "16" State
8. Well Number 5H
9. OGRID Number 151416
10. Pool name or Wildcat Salt Lake; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3513' GR

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
Fasken Oil and Ranch, Ltd.

3. Address of Operator
6101 Holiday Hill Road, Midland, TX 79707

4. Well Location
 Unit Letter M : 330' feet from the South line and 330' feet from the West line
 Section 16 Township 20S Range 32E NMPM County Lea

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Intermediate Casing <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.

7-4-14 - 7-8-14

Drilled a 12 1/4" hole from 2565' - 4600'. Ran 112 jts. of 9-5/8" 40#, HCK-55, LT&C casing to 4586' and one DV Tool @ 3019'. Cemented w/ 1st stage: Pumped 20 bfw, 347 sx Lightweight C with 5% salt, 6% gel, 0.2% anti foam, 0.4% fluid loss, 2 lb/sx extender (s.w. 12.6 ppg, yield 2.07 ft³/sx) plus 200 sx Class "C" with 0.2% retarder (s.w. 14.8 ppg, yield 1.33 ft³/sx). Plug down at 6:00 am CDT 7-7-14. Bumped plug to 1100 psi, floats held. Opened DV tool and circulated 27 sx excess cement. 2nd Stage: 20 bfw, 642 sx Lightweight C with 5% salt, 6% gel, 0.2% anti foam, 0.4% fluid loss, 2 lbs/sx extender (s.w. 12.6, yield 2.07 ft³/sx) plus 201 sx Class "C" with 0.2% retarder (s.w. 14.8 ppg, yield 1.33 ft³/sx). Plug down at 1:15 pm CDT 7-7-14. Bumped plug to 2,400 psi, closed DV tool. Circulated 190 sx excess cement. Centralized casing on the first 3 joints, then every 4th joint up to and around DV for a total of 12 centralizers. WOC time 32 hrs. Pressure test 9 5/8" casing to 1500 psi.

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 Kim Tyson TITLE Regulatory Analyst DATE 8-6-2014

Type or print name Kim Tyson E-mail address: kimt@forl.com PHONE: 432-687-1777

For State Use Only

APPROVED BY: Baren Sharp TITLE Staff Mgr DATE 5-15-18

Conditions of Approval (if any):