

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 000
 JUN 22 2018
 RECEIVED

WELL API NO. 30-025-29501
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG - 2265
7. Lease Name or Unit Agreement Name SUPERIOR WA STATE
8. Well Number #4
9. OGRID Number 370740
10. Pool name or Wildcat Saunders Permo Upper Penn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4188 GL

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PERFORATE 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
Foundation Energy Management, LLC

3. Address of Operator
5057 Keller Springs Road, Suite 650 Addison, TX 75001

4. Well Location
 Unit Letter **H** **2310** feet from the **North** line and **660** feet from the **East** line
 Section **11** Township **14S** Range **33E** 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 checked="" 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"/>		OTHER: <u>Attempted Recompletion</u>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>			

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram proposed completion or recompletion.

**Upper Penn formation was tested from 9383-9416 & 9473-9483'. The following stimulation was completed:
 Perforated using 3-1/8" CSG gun and 2 SPF
 Acidized with 25 bbls 15% HCL**

This zone tested wet and Foundation has Temporarily Abandoned the well.

A CIBP was set at 9310', with 2 sx cement dump balled on top.

35' cement required on CIBP to Permanently P&A pool. Penn will be placed in Temporarily Abandoned status.

Spud Date: **4/30/2018** Rig Release Date: **5/13/2018**

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

SIGNATURE *Homer Madden* TITLE Operations Superintendent DATE 5/22/2018

Type or print name Homer Madden E-mail address: hmadden@foundationenergy.com PHONE: 918-526-5580

S-13 Seon Berzos TITLE D&C Manager DATE 6-19-18

For State Use Only

APPROVED BY *Karen Sharp* TITLE Staff Mgr DATE 6-22-18
 Conditions of Approval (if any):