

1 - (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
1 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBBS OGD
SEP 13 2018
RECEIVED

Energy, Minerals and Natural Resources
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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. 30-025-04359
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"/>
2. Name of Operator FORTY ACRES ENERGY, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 11777B Katy Freeway, Suite #305, Houston, TX 77079		7. Lease Name or Unit Agreement Name WEST EUMONT UNIT
4. Well Location Unit Letter N : 660 feet from the South line and 1980 feet from the West line Section 28 Township 20S Range 36E NMPM County Lea		8. Well Number 604
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 371416
		10. Pool name or Wildcat EUMONT; Yates-Seven Rivers-Queen (Oil)

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input 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 checked="" type="checkbox"/> Re-electrify location & return to production.	
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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.

Well name and number previously "STATE E 28 #001".

Well name and number changed to WEST EUMONT UNIT #604 effective 06/01/2018

Inspected well on and found no downhole issues. Lease needed new transformer and electrical meter to be set. Moved in a 228-246-86 pumping unit to set on the well. Re-electrified location, turned well on and returned to production on July 7, 2018

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 Maritza Santana TITLE Executive Admin DATE 09/13/2018

Type or print name Maritza Santana E-mail address: maritza@faenergyus.com PHONE: 832-706-0049

For State Use Only
 APPROVED BY: Accepted for TITLE record to DATE 9-13-18
 Conditions of Approval (if any):