

WELL API NO.

30-025-04381

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
WEST EUMONT UNIT

8. Well Number 407

9. OGRID Number

371416

10. Pool name or Wildcat

EUMONT; Yates-Seven Rivers-Queen (Oil)

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

FORTY ACRES ENERGY, LLC

3. Address of Operator

11777B Katy Freeway, Suite #305, Houston, TX 77079

4. Well Location

Unit Letter F: 1650 feet from the North line and 1980 feet from the West line

Section 33

Township 20S

Range 36E

NMPM

County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3600' GL

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 ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☒ Re-electrify location & 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.

Well name and number previously "STATE E 33 #003".

Well name and number changed to WEST EUMONT UNIT #407 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 09/13/2018Type 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 DATE 9-13-18

Conditions of Approval (if any):