Submit I Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION	1 DIVISION	3002504344
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State on & Gas Least No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			ELLIOTT FEDERAL COM
PROPOSALS.)  I. Type of Well: Oil Well			8. Well Number 1
2. Name of Operator			9. OGRID Number
FORTY ACRES ENERGY, LLC			371416
3. Address of Operator			10. Pool name or Wildcat
11777B Katy Freeway, Suite #305, Houston, TX 77079			EUMONT; Yates-Seven Rivers-Queen (Oil)
4. Well Location			
Unit Letter <u>1</u> : 2310 feet	from the South line and 330 feet fi	rom the East line	
Section 26 Township 20S Range 36E NMPM LEA County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3559' GR			
12. Check A	Appropriate Box to Indicate N	lature of Notice,	, Report or Other Data
NOTICE OF IN	TENTION TO	CLIE	DECUENT DEPORT OF
			BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON  CHANGE PLANS	REMEDIAL WOR	RK ☐ ALTERING CASING ☐ ☐ RILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		Change Mall No	and Marchan made and inchination
CLOSED-LOOP SYSTEM  OTHER:	п	OTHER:	ıme and Number post unitization. ⊠
	leted operations. (Clearly state all		nd 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.			
Changing Well Name and Number post unitization from ELLIOTT FEDERAL COM No. 1 to WEST EUMONT UNIT #503			
Spud Date:	Rig Release D	ate.	
Spad Date.	Nig Keltuse D		
I hereby certify that the information	above is true and complete to the b	est of my knowled	ge and belief.
	. / .		
SIGNATURE 7	Man TITLE G	eologist DA	ATE 08/20/2018
The state of the s		Dr	<u></u>
Type or print name _Jessica LaMarr	o E-mail address: jessica@faen:	PHO	NE: <u>832-706-0041</u>
For State Use Only			
		Lalaum Fno	ineer DATE 09/04/18
Conditions of Approval Lit any):			