

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  
**HOBBS OCD**  
 OIL CONSERVATION DIVISION  
 OCT 23 2018  
 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised August 1, 2011

**RECEIVED**

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-09820
1. Type of Well: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator FULFER OIL & CATTLE, LLC		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 1224, JAL, NM 88252		7. Lease Name or Unit Agreement Name Brown
4. Well Location Unit Letter <u>F</u> : <u>1690</u> feet from the <u>North</u> line and <u>1570</u> feet from the <u>West</u> line Section <u>25</u> Township <u>25S</u> Range <u>36E</u> NMPM Lea County		8. Well Number <u>4</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 141402
10. Pool name or Wildcat Jalmat;Tan-Yates-7Rvrs (Oil)		10. Pool name or Wildcat Jalmat;Tan-Yates-7Rvrs (Oil)

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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 type="checkbox"/>		OTHER: RETURN TO PRODUCTION <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.;

9/3/18

Repaired electrical panels, pumpjack and flow lines. Well was not pulled. Returned to production 9/10/2018.  
 24-hr. test 9/25/2018: 1 BO, Gas TSTM, and 38 BW

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 Debbie McKelvey TITLE Regulatory Agent DATE 10/16/18

Type or print name Debbie McKelvey E-mail address: debmckelvey@earthlink.net PHONE: 575-392-3575

**For State Use Only**

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 10-25-18  
 Conditions of Approval (if any):

