

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

HOBBS OGD
 DEC 04 2018
 RECEIVED

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

Form C-103
 Revised July 18, 2013

| | |
|---|--|
| WELL API NO. 3002526490 | |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> Private | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name Kimmy K | |
| 8. Well Number 2 | |
| 9. OGRID Number 141402 | |
| 10. Pool name or Wildcat SWD/San Andres | |
| 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD | |
| 2. Name of Operator Fulfer Oil & Cattle Co., LLC | |
| 3. Address of Operator 101 E Panther Ave., PO Box 1224, Jal, New Mexico 88252 | |
| 4. Well Location Unit Letter <u>F</u> : <u>2310</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>29</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3292 | |

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

| | | | |
|---|--|---|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" 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 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.

Start Date: 12/5/18

Intent is to pull well, repair tubing leak, and change out the packer. We'll call and schedule with OCD for a chart test. When finished we will bring the well back into injection status. Reference to SWD 1762.

C.O.A
 PROVIDE CURRENT WELL BORE DIAGRAM
 WITH SUBSEQUENT C-103. YMB

Spud Date: 10/4/1979 Rig Release Date: 10/30/1979

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

SIGNATURE Mike Dennis TITLE Production Supervisor DATE 12/4/18

Type or print name Mike Dennis E-mail address: mdennis3082q@gmail.com PHONE: 432-940-1890

For State Use Only
 APPROVED BY: Maley A Brown TITLE AO/I DATE 12/5/2018
 Conditions of Approval (if any):