

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

Form C-103
Revised July 18, 2013

OIL 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. 3002527085
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> PRIVATE <input type="checkbox"/>
2. Name of Operator FULFER OIL & CATTLE CO, LLC		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 1224, 101 E. PANTHER AVE., JAL, NM 88252		7. Lease Name or Unit Agreement Name JAL NORTH RANCH SWD
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>7</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3127' GL		9. OGRID Number 141402
		10. Pool name or Wildcat SWD; YATES-RIVERS

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <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.

On 11/23/18

Work Complete

Tested tubing with kill truck. Tested okay. Pulled the tubing and the packer and found a bad top seal on the packer. We replaced the packer and the top seal, then hydro-tested tubing at 6000 lbs. The we set the packer at 9999 feet. We set packer in compression of 30,000lbs. We then installed slips and packing and tested the head. Tests were okay. We called OCD for the Chart Test and it also came out okay. Chart attached.

Spud Date:

9/5/1981

Rig Release Date:

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

SIGNATURE Mike Dennis TITLE PRODUCTION SUPERINTENDENT DATE 11/29/18

Type or print name MIKE DENNIS E-mail address: MDENNIS918@GMAIL.COM PHONE: 432-940-1890

For State Use Only

APPROVED BY: Makayla Brown TITLE AO/I DATE 12/5/2018
Conditions of Approval (if any):

