

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
OIL CONSERVATION DIVISION
 1220 S. St. Francis Dr.
 Santa Fe, NM 87505

HOBBS, NM
 JAN 10 2019
 RECEIVED

Form C-103
 Revised July 18, 2013

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator Fulfer Oil & Cattle Co., LLC</p> <p>3. Address of Operator 101 E. Panther Ave., PO Box 1224, Jal, NM 88252</p> <p>4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>East</u> line and <u>660</u> feet from the <u>South</u> line Section <u>29</u> Township <u>21S</u> Range <u>35E</u> NMPM County <u>Lea</u></p>	<p>WELL API NO. 30-025-03520</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name Phillips A State</p> <p>8. Well Number <u>1</u></p> <p>9. OGRID Number 141402</p> <p>10. Pool name or Wildcat Wildcat</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3643</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input checked="" 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"/></p>
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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.

14. 10-3-18
 Pulled rods & tubing,
 Repair tubing leak,
 Work on tank battery,
 Electric Motor installed and will run by generator

1/3/19 RTS with Generator
 24 HR Test 13 BBL water, 1.5 BBL Oil, Gas TSTM.
 Casing 2 PSI, Tubing 0.

Spud Date: 8/1/1957 Rig Release Date:

2 7/8 tbg @ 3790'

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 1/7/19

Type or print name Mike Dennis E-mail address: mdennis918@gmail.com PHONE: 432-940-1890
For State Use Only

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 1-7-19
 Conditions of Approval (if any):

