

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

HOBBS OLD RECEIVED JUL 21 2019

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. 30-025-24053
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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 Arco Jamison
4. Well Location Unit Letter <u>D</u> : <u>330</u> feet from the <u>NORTH</u> line and <u>990</u> feet from the <u>WEST</u> line Section <u>22</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>1Y</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3276		9. OGRID Number 141402
10. Pool name or Wildcat FOLWER, UPPER YESO		10. Pool name or Wildcat FOLWER, UPPER YESO

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

NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: 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"/>
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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.

To bring Arco Jamison well into compliance.

Work performed:

1. Pull rods & tubing. Test tubing.
2. Repair parted surface casing
3. Repair treater (separator)
4. Upgrade electric service
5. Build dike & fence battery

Test Well- 24 HRS, 13 barrels of oil, 56 barrels of water, gas well used in battery for controls until test for excess at the meter run. No present gas, but could produce later.

Spud Date: 3/2/72

Rig Release Date: 3/24/72

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 7/3/2019

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

For State Use Only

APPROVED BY: Xerry Fortner TITLE Compliance officer DATE 7-18-19

Conditions of Approval (if any):

