

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

WELL API NO. 32-025-33398
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Britsy Federal
8. Well Number 1
9. OGRID Number
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 Gas Well Other

2. Name of Operator **Foundation Energy Management, LLC**

3. Address of Operator **15 E. 5th St., Santa Fe, NM 87505**

4. Well Location
 Unit Letter **H** : **1980** feet from the **North** line and **660** feet from the **East** line
 Section **07** Township **23S** Range **32E** NMPM County **Lea**

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 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: _____		OTHER: UIC/MIT	<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.

MIT conducted after well work to all additional perms.
Test start 550 # , test end 545 #. Test duration 35 minutes

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 *James Smith* TITLE HSE-Regulatory Supervisor DATE 8/28/2019

Type or print name JAMES SMITH E-mail address: jsmith@foundationenergy.com PHONE: 918-526-5592

APPROVED BY: *Henry Fortner* TITLE Compliance Officer A DATE 9-3-19

Conditions of Approval (if any)

HOBBS OCD

District 1
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

SEP 03 2019

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Foundation Energy Management, LLC</i>		API Number <i>32-025-3339B</i>
Property Name <i>Bitsy Federal SWD</i>		Well No. <i>1</i>

1. Surface Location

U/L Lot <i>H</i>	Section <i>04</i>	Township <i>23S</i>	Range <i>32E</i>	Feet from <i>1900</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
---------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>8/19/2019</i>
--	--	--	---	--------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>NA</i>	<i>0</i>	<i>350</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ...
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of fluid Isjected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

OIC / MET after well work to add additional perms

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>JAMES SAUTH</i>	Entered into RBDMS
Title: <i>HSE Regulatory Supervisor</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>jsauth@foundationenergy.com</i>	
Date: <i>8/29/19</i>	
Phone: <i>918-526-5592</i>	
Witness: <i>Lloyd Harris</i>	

INSTRUCTIONS ON BACK OF THIS FORM

BLACK
CUMT
10

08-17-15
11-11-80
1235
Savered 1202

D & L Meters & Instrument Service, Inc.

Lovington, NM 88260
P.O. Box 1621
Office: (575) 396-3715
Fax: (575) 396-5812



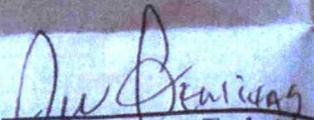
Date: 4-24/2019

Invoice # _____

Certification of Pressure Recorder Test:

Company:	M & S
Unit:	M & S # 1
Model:	BARTON
Pressure Rating:	1000#
Serial #:	N/A

This Pressure Recorder was tested at midrange for accuracy and verified within +5% and -5% for a 1000# pressure element.


Jesse Arenivas, Technician