

HOBBS OCD

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88201

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

NOV 27 2019

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised July 18, 2013

RECEIVED

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO
30-025-24999

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

8. Well Number

1

9. OGRID Number

141402

10. Pool name or Wildcat

Yates Queens

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 ☐ Injection

2. Name of Operator

Fulfer Oil And Cattle llc

3. Address of Operator

P.O.Box 1227 101 E panther st. Jal NM. 88252

4. Well Location

Unit Letter O : 660 feet from the south line and 1980 feet from the East line
Section 8 Township 24S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

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 11/20/2019 this well failed the MIT test. we plan to move in and rig up WSU and find the problem with the well .the work will begin 11/29/2019. we will notify the OCD upon finding the problem.

Spud Date:

4/16/75

Rig Release Date:

4/24/75

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

SIGNATURE

Mike Dennis

TITLE

Operations MGR

DATE

11/27/2019

Type or print name

Mike Dennis

E-mail address:

mdennis3082q@gmail.com

PHONE:

575-395-9970

For State Use Only

APPROVED BY:

Greg Johnson

TITLE

Compliance Officer

DATE

12-2-19

Conditions of Approval (if any):

HOBBS OCD

NOV 27 2019

State of New Mexico

Energy, Minerals and Natural Resources Department

Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Fulmer</i>		API Number <i>30-025-24999</i>	
Property Name <i>Hodges</i>		Well No. <i>41</i>	

1. Surface Location

UL - Lot <i>0</i>	Section <i>8</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJ YES <input checked="" type="radio"/> NO	INJECTOR SWD	PRODUCER OIL	GAS	DATE <i>11-20-19</i>
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OBSERVED DATA

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

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

UIC
Failed mtr Rule: 19.15.26.11 - Pressured up
2 times + would not hold.
Well was shut in.

Signature: <i>Mike Dennis</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Mike Dennis</i>		Entered into RBDMS <i>[Signature]</i>	
Title: <i>Operations Mgr.</i>		Re-test	
E-mail Address: <i>MDennis30829@Gmail.com</i>			
Date: <i>11/20/2019</i>	Phone: <i>4329401890</i>		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

