

Submit 1 Copy To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1388
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

HOBBES OCD RECEIVED DEC 09 2019

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

WELL API NO. 30-025-11488
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Langlie Jal Unit
8. Well Number 4
9. OGRID Number 141402
10. Pool name or Wildcat Yates, Queens
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 [X] Other injection
2. Name of Operator Fulfer Oil And Cattle Co LLC
3. Address of Operator P.O.Box 1224, 101 E. Panther AVE Jal NM, 88252
4. Well Location Unit Letter I : feet from the line and feet from the line
Section 7 Township 25S Range 37E NMPM County LEA

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 [X] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: post workover [ ]

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.

11/18/2019 completed ,We move in and rig up WSU, on 11/06/2019unset the packer and pull the packer, hydro-test the tubing in the well and run retrievable BP and packer at the same time. set the BP and test the casing and found holes in the casing at 570-876 use Basic Cementer and squeeze cement and circulate cement to surface w/210 sz class c neat cement, let the cement set up until 11/12/2019 rig up reverse unit and drill out cement close rams on bop test the casing to surface to 550# held 45 minutes ran tubing and retrieving tools and release the BP. POH w/ Tools. run collars and bit to bottom and clean out well to bottom,3353.POH and lay down Collars. Pick up 7"AD1 plastic coated packer and run and set at 3186 load the backside and call the OCD to schedule MIT test.

11/20/2019 MIT Chart test was witnessed by Gary Robinson w/ OCD and passed test.the well was released for injection.

Spud Date: 3/29/54

Rig Release Date: 4/25/54

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

SIGNATURE Mike Dennis TITLE Operations Manager DATE 11/20/2019

Type or print name Mike Dennis E-mail address: mdennis3082q@gmail.com PHONE: 575-395-9970

APPROVED BY: Gary Robinson TITLE Compliance Officer DATE 12-10-19
Conditions of Approval (if any):

45

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Graphic Controls LLC

METER NUMBER

TIME PUT ON

DATE PUT ON

20

TUBE & DRIF. SIZE

TIME TAKEN OFF

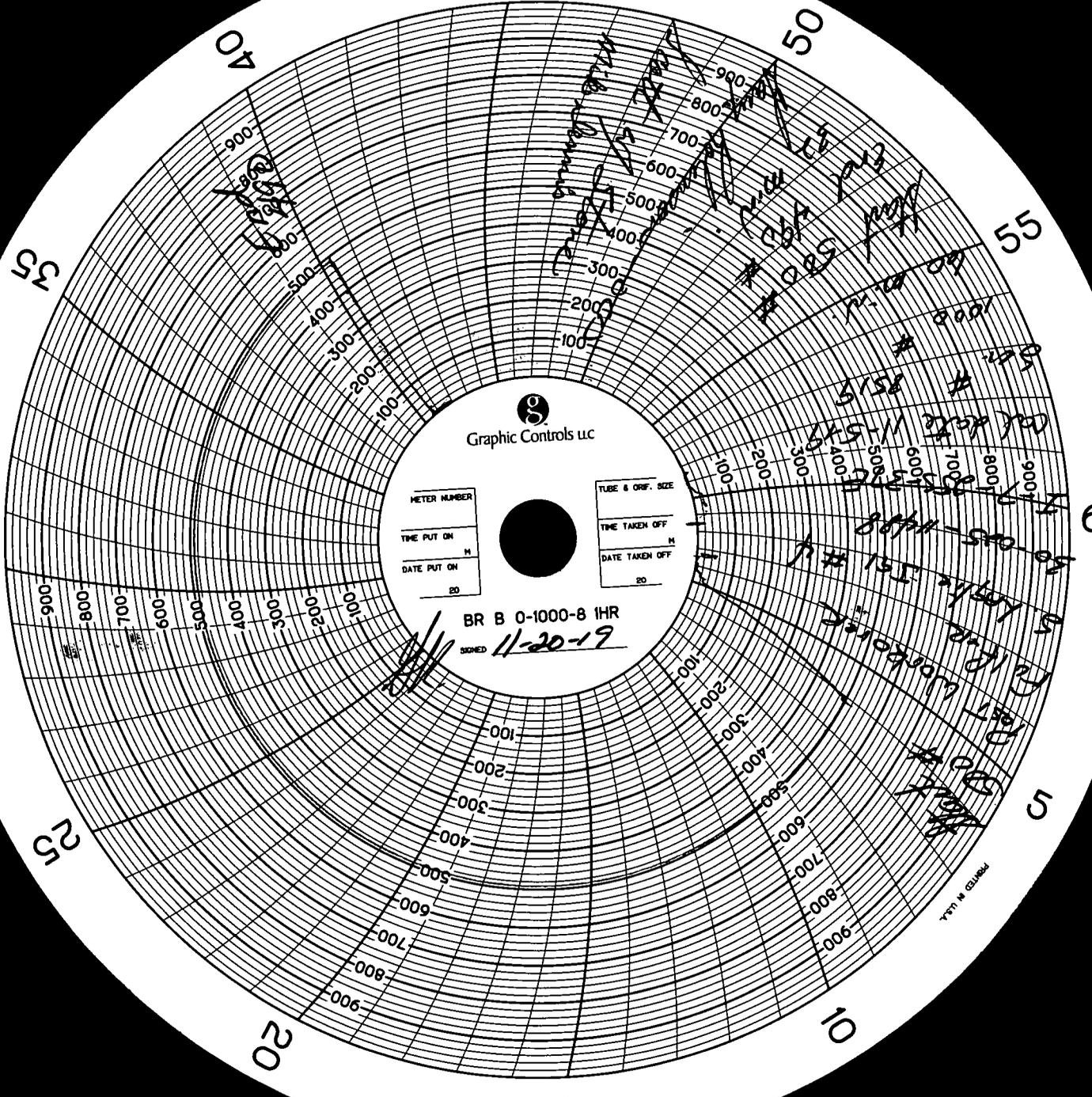
DATE TAKEN OFF

20

BR B 0-1000-8 IHR

SIGNED 11-20-19

MADE IN U.S.A.



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

**BRADENHEAD TEST REPORT**

Operator Name <b>Fulfer</b>		API Number <b>30-025-11488</b>
Property Name <b>S. Lammie JAL</b>		Well No. <b>#4</b>

Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
<b>I</b>	<b>7</b>	<b>25S</b>	<b>37E</b>		<b>1650</b>	<b>S</b>	<b>960</b>	<b>E</b>	<b>LEA</b>

Well Status

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

**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<b>0</b>	/	/	<b>0</b>	<b>0</b>
Flow Characteristics	<b>Cemented</b>	/	/		
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if
					applies

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

**PWD TEST**

Signature: <b>Mike Dennis</b>	OIL CONSERVATION DIVISION
Printed name: <b>MIKE DENNIS</b>	Entered into RBDMS
Title: <b>operations mgr.</b>	Re-test
E-mail Address: <b>MDENNIS 3082 Q @ G Mail. Com</b>	
Date: <b>11/20/2019</b>	Phone: <b>432 940 1870</b>
Witness: <b>Shay Johnson</b>	

INSTRUCTIONS ON BACK OF THIS FORM

