

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1222  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 744-6178  
 1000 Rio Bravo Rd., Aztec, NM 87410  
 District IV - (505) 476-7460  
 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.	3002527085
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Jal North Ranch SWD
8. Well Number	1
9. OGRID Number	141402
10. Pool name or Wildcat	divonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

**SLURRY 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 SWD

2. Name of Operator  
 Fulfer Oil and Cattle LLC

3. Address of Operator  
 P.O. Box 1224, 101 E Panther AVE. Jal NM 88252

4. Well Location  
 Unit Letter N : 660 feet from the south line and 1980 feet from the West line  
 Section 7 Township 25 S Range 37E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b> 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"/>	<b>SUBSEQUENT REPORT OF:</b> 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: post workover and MIT <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.

11/13/2019 work was completed ,we released the arrow set l-x packed and pulled the tubing and found a bad seal on the packer. we repaired the packer and reran to 9999 loaded the annulus w/ packer fluid and set the packer with 25K compression. test the annulus to 550# held for 30 minutes. called the OCD and schedule mit chart test. we will not return to service until well psses test.

11/20/2019 Mit was witnessed by Gary Robinson w/ OCD and passed 500# test the well was cleared for injection  
 see attached chart:

Spud Date: 9/5/1981

Rig Release Date:

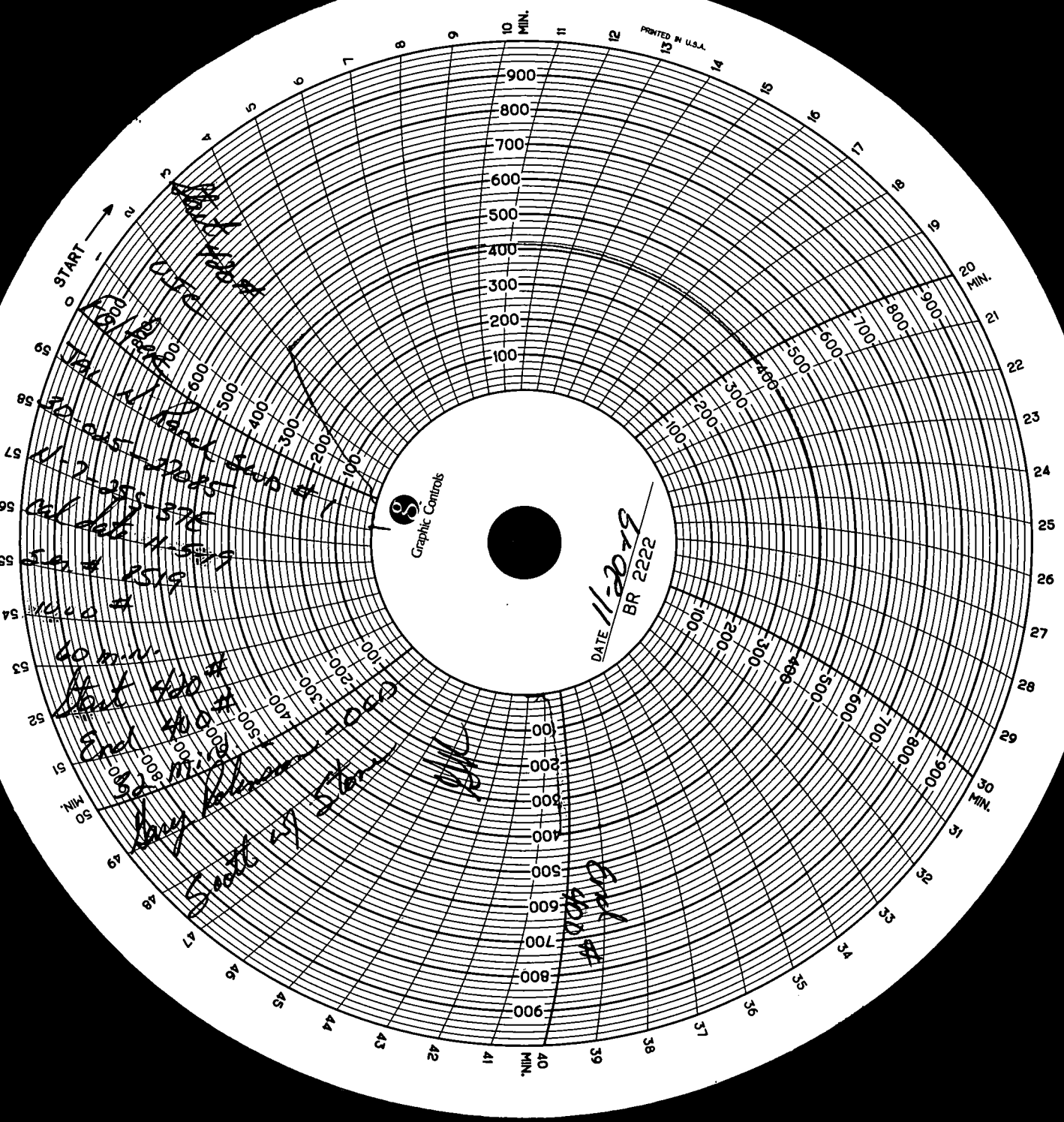
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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

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

PRINTED IN U.S.A.



Graphic Controls

DATE 11-20-79  
BR 2222

START →

Handwritten notes and calculations on the left side of the graph:

- 60 min
- Start 1000
- End 1000
- 900
- 800
- 700
- 600
- 500
- 400
- 300
- 200
- 100
- 50
- 20
- 10
- 5
- 4
- 3
- 2
- 1
- 0.5
- 0.2
- 0.1
- 0.05
- 0.02
- 0.01
- 0.005
- 0.002
- 0.001
- 0.0005
- 0.0002
- 0.0001
- 0.00005
- 0.00002
- 0.00001

600

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

**BRADENHEAD TEST REPORT**

Operator Name <i>Fulford Oil &amp; Cattle Co LLC</i>	API Number <i>30-025-27085</i>
Property Name <i>2nd North Ranch SWD</i>	Well No. <i>1</i>

**Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>N</i>	<i>7</i>	<i>25S</i>	<i>37E</i>	<i>660</i>	<i>S</i>	<i>1980</i>	<i>W</i>	<i>Lea</i>

**Well Status**

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

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

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

*PWO TEST*

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>MDENNIS3082@Gmail.com</i>	
Date: <i>11/20/2019</i>	Phone: <i>4329401890</i>
Witness: <i>Sam Peterson</i>	

INSTRUCTIONS ON BACK OF THIS FORM

