

HOBBS OCD

District I
1625 N French Dr., Hobbs, NM 88240
Phone (575) 393-6101 Fax (575) 393-0720

JAN 07 2020

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Fulper Oil & Cattle LLC.</i>	API Number <i>30-025-24999</i>
Property Name <i>Hodges</i>	Well No. <i>1</i>

1. Surface Location

U.I. - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>0</i>	<i>8</i>	<i>24S</i>	<i>37E</i>	<i>660</i>	<i>5</i>	<i>1980</i>		<i>Lea</i>

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN NO <input checked="" type="radio"/>	INJECTOR NO <input checked="" type="radio"/>	SWD NO <input type="radio"/>	OIL PRODUCER NO <input type="radio"/>	GAS NO <input type="radio"/>	DATE <i>12/17/2019</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cstrg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid Exposed 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.

Post work over

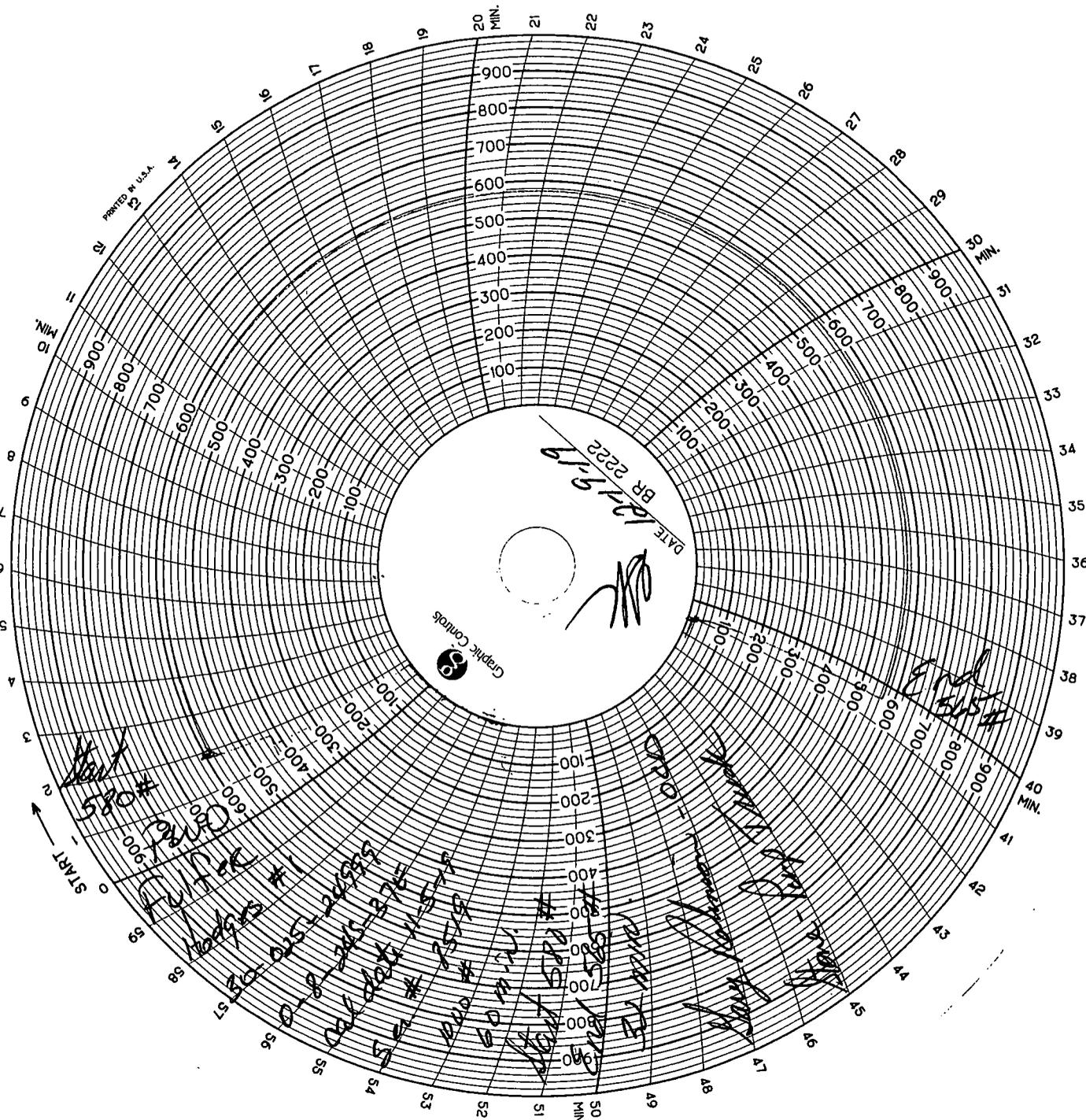
Signature <i>Mike Dennis</i>	OIL CONSERVATION DIVISION
Printed name <i>Mike Dennis</i>	Entered into RBDMS
Title <i>Operations Mgr.</i>	Re-test
E-mail Address <i>MDENNIS3082@gmail.com</i>	
Date <i>12/17/2019</i>	Phone <i>4379401890</i>
Witness <i>Greg Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM

PRINTED IN U.S.A.



DATE 12-19-19
BR 2222



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

Form C-103
 Revised July 18, 2013

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WELL API NO. 30-025-24999	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Hodges	
8. Well Number 1	
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 Other INJ

2. Name of Operator Fulfer Oil and Cattle LLC.

3. Address of Operator box 12227, 101 E. Panther 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 24 S Range 37 E 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 checked="" 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: <input type="checkbox"/>		OTHER: Post Work Over <input 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.

on 11/29/2019 we rigged up WSU. pulled the tubing and hydro-tested we found a joint that had a hole in it . we replaced the joint.and reran the tubing to original depth and set AD-1 Packer, tested the casing to 500# and called the OCD and scheduled post work over MIT test on 12/19/2019 we tested the well and it passed and was cleared to injection.

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 12/23/2019

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

For State Use Only
 APPROVED BY: Jay Kamin TITLE Compliance Officer DATE 1-9-20
 Conditions of Approval (if any):