

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

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 100) FOR SUCH PROPOSALS.)		WELL API NO. 3002528805
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator FAE II OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator 11757 KATY FREEWAY, SUITE #1000, 77079		7. Lease Name or Unit Agreement Name B M JUSTIS
4. Well Location Unit Letter <u>E</u> : 1450 feet from the <u>North</u> line and <u>120</u> feet from the <u>WEST</u> line Section <u>20</u> Township <u>25S</u> Range <u>37E</u> NMPM LEA County		8. Well Number 012
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3563' GR		9. OGRID Number 329326
10. Pool name or Wildcat JALMAT-YATES-7 RVRS (GAS)		

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: <input checked="" type="checkbox"/>		OTHER: <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

We plan to perform a mechanical integrity test of the casing and packer. The procedure will call for a chart recorder to record pressure while loading casing to 320 psi and any subsequent drops in pressure that may occur in the following 30 minutes.

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

SIGNATURE Garret Johnson TITLE Engineer DATE 05/14/2020

Type or print name Garret Johnson E-mail address: garret@facenergyus.com PHONE: 832-706-0056
For State Use Only

APPROVED BY: Ken Fat TITLE C O A DATE 5-14-20
 Conditions of Approval (if any)