

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
5 Lease Designation and Serial No LC 032581B	
6 If Indian, Allottee or Tribe Name	
7 If Unit or CA, Agreement Designation	
12 Well Name and No Sholes B #2 (Maralo Sholes B #2)	
13 API Well No 30-025-09806	
14 Field and Pool, or Exploratory Area Jaimat-Yates 7Rivers SWD	
15 County or Parish, State Lea County, NM	

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use 'APPLICATION FOR PERMIT' for such proposals

SUBMIT IN TRIPLICATE	
4 Type of Well Oil <input checked="" type="checkbox"/> Well Gas Well Other	
2 Name of Operator FULFER OIL & CATTLE CO. LLC	
5 Address P.O. BOX 1224, JAL, NM 88252	
6 Location of Well (Footage, Sec, T, R, M, or Survey Description) 660' FSL & 660' FEL, Unit P, Sec. 25, T25S, R36E	

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other START INJECTION	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

15 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work if well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)\*

1/6/09

Commenced salt water disposal. Average daily disposal 3000 BW on vacuum.

RECEIVED  
MAR 18 2009  
HOBBSOCD

ACCEPTED FOR RECORD
MAR 14 2009
<i>[Signature]</i>
BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE

SWD-1127

16. I hereby certify that the foregoing is true and correct

Signed *Dellie McKelvey* Title Agent Date 02/12/09  
(This space for Federal or State office use)  
Approved by *[Signature]* Title DISTRICT 1 SUPERVISOR Date MAR 20 2009  
Conditions of approval, if any