

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
MAY 26 2009
HOBBSOCD

WELL API NO. <input checked="" type="checkbox"/> 30-025-28064
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-14496
7. Lease Name or Unit Agreement Name Ling Federal <input checked="" type="checkbox"/>
8. Well Number 1 <input checked="" type="checkbox"/>
9. OGRID Number 7 151416
10. Pool name or Wildcat Delaware Mountain Group

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 SWD

2. Name of Operator
Fasken Oil and Ranch, Ltd.

3. Address of Operator
303 W. Wall, Suite 1800, Midland, TX 79701

4. Well Location
Unit Letter G : 1980' feet from the North line and 1980' feet from the East line
Section 31 Township 19S Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3629.6' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Step Rate Test ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5-21-09

RU Gray WL and Basic kill truck and RIW to 6850' FS with BHP bomb. Ran step rate test as follows:

RATE BPM	Date	Time	BH Press	Surface Pressure	Temperature
0	5/20/2009	10:00 AM	2938	0	111.0°
0.5	5/20/2009	10:30 AM	4281	1100	110.8
1	5/20/2009	11:00 AM	4480	1280	109.8
1.5	5/20/2009	11:30 AM	4549	1400	108.7
2	5/20/2009	12:00 PM	4587	1550	107.2
2.5	5/20/2009	12:30 PM	4593	1740	104.4
		ISIP	4485	1176	

NMOCD representative Mark Whitaker witnessed the last 15 min of test. SICP- 850 psi at end of test, bled pressure down and casing dead with tubing at 1090 psi.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Kim Tyson TITLE Regulatory Analyst DATE 5-22-09

Type or print name Kim Tyson

E-mail address: kimt@forl.com

Telephone No. (432) 687-1777

For State Use Only

APPROVED BY: Kim W. Hill TITLE DISTRICT 1 SUPERVISOR DATE MAY 27 2009

Conditions of Approval (if any):