

OCD-HOBBS

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No 1004-0135 Expires: March 31, 1993
5 Lease Designation and Serial No NMLC 032579A
6. If Indian, Allottee or Tribe Name

**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	
1 Type of Well Oil Gas <input checked="" type="checkbox"/> Well Well Other	7. If Unit or CA, Agreement Designation
2 Name of Operator FULFER OIL & CATTLE CO. LLC	8 Well Name and No Harrison #3
2 Address P.O. BOX 1224, JAL, NM 88252	9 API Well No 30-025-11699
2 Telephone No. 505-395-9970	10 Field and Pool, or Exploratory Area Jalmar-Langlie Mattix-7 Rrs-0
3 Location of Well (Footage, Sec, T, R, M, or Survey Description) 1650' FSL & 1650' FEL, Sec. 22, T25S, R37E	11 County or Parish, State Lea County, NM Grayburg

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 RETURN TO PRODUCTION	<input type="checkbox"/> Dispose Water

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

13. 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)\*

Run tubing, rods and pump and return to production by November 20, 2009.

After 11-20-09 the well must be online  
or plans to P & A must be submitted.

RECEIVED

OCT 19 2009

HOBBSOCD

Submit subsequent report within 5 days of well being placed back on production. If well goes off production for more than 30 days notify BLM within 5 business days.

Last prod. prior to 8/1989

14. I hereby certify that the foregoing is true and correct	
Signed <u>Debbie M Kelley</u>	Title <u>Agent</u> Date <u>09/10/09</u>
(This space for Federal or State office use)	
Approved by _____	Title <u>PETROLEUM ENGINEER</u> Date <u>OCT 19 2009</u>
Conditions of approval, if any	