

RECEIVED
JAN 06 2010
HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-10805 ✓

5. Indicate Type of Lease

STATE ☐ FEE ☒ ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

STEELER ✓

8. Well Number 1 ✓

9. OGRID Number 141402 ✓

10. Pool name or Wildcat ✓

LANGLIE MATTIX;7R-Q-GB

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 ☒

2. Name of Operator

FULFER OIL & CATTLE LLC ✓

3. Address of Operator

P.O. BOX 1224, JAL, NM 88252

4. Well Location

Unit Letter L : 1980 feet from the SOUTH line and 660 feet from the WEST line ✓Section 20 Township 23S Range 37E NMPM LEA County

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

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: SQUEEZE JALMAT ☒

SUBSEQUENT REPORT OF:

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

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.

Squeeze off Jalmat zone, and return the well to production in the Langlie Mattix zone only.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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.SIGNATURE Debbie McKelvey TITLE AGENT DATE 1/5/10Type or print name: Debbie McKelvey E-mail address: _____ Telephone No. 505-392-3575

For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE JAN 07 2010