

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
AUG 05 2010
HOBBSOCD

CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-39340 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
6. State Oil & Gas Lease No.

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 ☒

7. Lease Name or Unit Agreement Name Quail "16" State ✓
8. Well Number 2 ✓

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

9. OGRID Number 151416 ✓

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

10. Pool name or Wildcat Laguna Valley; Morrow (Gas) ✓

4. Well Location
Unit Letter N : 1230' feet from the South line and 1980' feet from the West line
Section 16 Township 20S Range 34E NMPM County Lea ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3636' GL

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: Surface Casing <input checked="" type="checkbox"/>
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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.

5-1-2010 – 5-12-2010
MIRU & spuded 5-1-2010. Drilled a 17 1/2" hole from surface – 1620'. Set 37 jts. of 13-3/8" ST&C 48# H-40 & 54.5# K-55 casing @ 1611'. Cemented w/ 900 sx Class "C" with 4% gel and 2% CaCl₂ (s.w. 13.5 ppg, yield 1.74 ft³/sx) plus 350 sx Class "C" with 2% CaCl₂ (s.w. 14.8 ppg, yield 1.32 ft³/sx). PD at 12:05 pm CDT 5-12-10. Circulated 445 sx excess cement. WOC for 36.5 hrs. Centralized middle of shoe joint, top of 2nd joint and every 4th joint to surface. NU BOP and pressure tested to 750 psig, 3 hrs.

This sundry notice is being submitted to correct the WOC time. It was originally reported as 2 hrs.

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 8-4-2010

Type or print name Kim Tyson E-mail address: kimt@forl.com Telephone No. (432) 687-1777

For State Use Only

APPROVED BY: [Signature] TITLE Staff MGR DATE 8-9-10
Conditions of Approval (if any):

[Handwritten initials]