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mention and the contract of th	
Office State of New Mexico	Form C-103
District 19 5 7 18 CO 19 18 20 19 19 19 19 19 19 19 19 19 19 19 19 19	ces March 18, 2009
	N DS 130-025-27552 ADV
District III 1301 W. Grand Avé, Artesia NM.88210 1220 South St. Francis Dr	5. Indicate Type of Egase (148 CM3) (6 T)
1000 Pio Prozes Pd. Artos NM 87410	SOBJECT STATES LOSZ FEEL X
Santa Fe, NM 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	
87505	Frank Control of the
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	A - : 12 man - a i a insula a fa i / .
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Lottie York
PROPOSALS.)	8. Well Number 1
1. Type of Well: X Oil Well Gas Well Other	
2. Name of Operator	9. OGRID Number
Fasken Oil and Ranch, Ltd.	151416
3. Address of Operator	10. Pool name or Wildcat
303 W. Wall St., Ste. 1800, Midland, TX 79701	Humble City; Strawn, Southwest
4. Well Location	
4. Well Location	
Unit Letter P : 990' feet from the S line and 660' feet from the E line	
Section. 14 Township 178 Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, C	
11. Elevation (snow whether DR, RRb, R1, C	ON, EIC.)
12 Cl / A Cl / B / A CN / CN / B	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: The state of the state o	
PERFORM REMEDIAL WORK 🔲 PLUG AND ABANDON 🔲 🛴 REMEDIAL WORK 💢 💯 🗥 🗀 ALTERING CASING 🔲 🐇	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
	With the same
OTHER: 10 10 10 10 10 10 10 10 10 10 10 10 10	ion is ready for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the ter	
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.	
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR	
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFOR	MATION HAS BEEN WELDED OR
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	
The location has been leveled as nearly as possible to original ground contour a	and has been cleared of all junk, trash, flow lines and
other production equipment.	<b>,</b> , , , , , , , , , , , , , , , , , ,
Anchors, dead men, tie downs and risers have been cut off at least two feet belo	ow ground level
If this is a one-well lease or last remaining well on lease, the battery and pit loc	vation(s) have been remediated in compliance with
OCD rules and the terms of the Operator's pit permit and closure plan. All flow line	
from lease and well location.	es, production equipment and junk have been temoved
XI All metal bolts and other materials have been removed. Portable bases have been	en removed. (Poured onsite concrete bases do not have
to be removed.)	
All other environmental concerns have been addressed as per OCD rules.	
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10	NMAC. All fluids have been removed from non-
retrieved flow lines and pipelines.	
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When all work has been completed, return this form to the appropriate District offic	e to schedule an inspection.
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SIGNATURE Jum Jum TITLE Regulator	ry Analyst DATE 10-20±2010
1125	DATE
TYPE OR PRINT NAME Kim Tyson E-MAIL: kimt@for	rl.com PHONE: 432-687-1777
	7 rnone: 132 307 1777
For State Use Only	1 · • • • • • • • • • • • • • • • • • •
APPROVED BY: Maley Stown TITLE COMP	liance Speculate 10/28/2017
APPROVED BY: TITLE COYPY	CHANGE AGUELDATE 10/28/2010
Conditions of Approval (if any)	(M) /
VI	(U) I