Submit 3 Copies to Appropriate District Office

State of New Mexico Energ—Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

2040 Pacheco St.

Santa Fe, NM 87505

WELL API NO. 30025 01265

5. Indicate Type of Lease
STATE X FEE

DISTRICTIII 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 E-1078 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Silverbullet Type of Well: WELL X OTHER 2. Name of Operator F&M Oil and Gas Company 9. Pool name or Wildcat Address of Operator P.O. Box 891, Midland, Texas 79702
4. Well Location Kemnitz, Upper Wolfcamp 660 South _ : ____1980 Feet From The _ Line and __ _ Feet From The _ 33E LEA 24 165 **NMPM** County Township Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4162/KB 4149/GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** PLUG BACK OTHER: OTHER:

12. 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.

08-03-96 RUPU - Set CIBP @ 10,380' - Load hole W/ 2% KCL H₂0 - Test 7" csg to 500# Held good for 15 min. - Run CBL-VDL Log - Shoot (10) .43" (1 JSPF) holes from 10,198 to 10,207'. TIH w/ 2 7/8" tubing - set packer - swab natural - good fluid entry - RU Halliburton Treat perfs w/ 500 gals. MCA - swab well in- well k/o flowing to test tank - flowed well to test tank for 24 hr. SI well while building tank battery.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE OFFICE MGT.	DATE 8/30/96
TYTEORIFRINT NAME Leah D. Spears	(915) TELEPHONE NO. 682-7714
(This space for State 1 to CREDITION OF CAMPUTAL CONTROL OF CAMPUTAC CONTROL OF CAMPUT	SEP 24 1996
APTROVED BY TITLE	DATE

CONDITIONS OF A PROVAL "IF ANY: