Submit 3 Copies
To Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

DISTRICT II
811 South First, Artesia NM 88210

2040 South Pacheco
Santa Fe, NM 87505

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-33836

5. Indicate Type of Lease
    STATE ☐   FEE ■

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

7. Lease Name or Unit Agreement
    Name:

    NMFU

1. Type of Well:
    Oil Well ■   Gas Well ☐   Other

2. Name of Operator
    Falcon Creek Resources, Inc.

8. Well No.
    1

3. Address of Operator
    621 17th St., Suite 1800
    Denver, CO 80293-0621

9. Pool name or Wildcat
    Abo, Blinebry, Tubb

4. Well Location
    Unit letter____P____ : ____660_____ feet from the ___South___ line and ___660___ feet from the ___East_____ line
    Section ____23_____ , Township ____20S____ Range ____38E___ NMPM_____ ____Lea_____ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.

Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	**SUBSEQUENT REPORT OF:**
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:_____	OTHER:_____ Commingled___

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.

Drill out CIBP 7092 & 7404.
Perf Lower Abo 7640-7650, 7605-7625, 7510-7530.
Acidize w/ 250 gal 20% HCl & 25 bbls bbls 2% KCL. Pumped 2400 gal 20% HCL & 14,500 gal of 28% SXE
Commingled

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE_____TITLE_____Manager of Operations_____DATE__September 19, 2000

Type of print name____Gerald Lucero_____Telephone No.__(303) 675-0007_

(This space for State use)

APPROVED
BY_____TITLE_____DATE_____

Conditions of approval, if any: