

OIL CONSERVATION DIVISION

DISTRICT I
P. O. Box 1980, Hobbs, NM 88241-1980

2040 S. Pacheco
Santa Fe, New Mexico 87505

DISTRICT II
811 S. First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd. Aztec, NM 87410

WELL API NO.
30-25-02596

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

1. Type of Well:
OIL WELL GAS WELL OTHER

STATE L

2. Name of Operator
FULFER OIL & CATTLE CO., LLC

8. Well No.
1

3. Address of Operator
c/o OIL REPORTS & GAS SERVICES, INC., 1008 W. BROADWAY, HOBBS, NM 88240

9. Pool name or wildcat

4. Well Location
Unit Letter **E** : **1650** Feet From The **NORTH** Line and **330** Feet From The **WEST** Line
Section **25** Township **21S** Range **34E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, ect.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST & CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: CHANGE PRODUCING METHOD <input checked="" type="checkbox"/>	

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.

Change producing method from flowing to pumping: Replace 16 2 3/8" jts bad tbq. run 1 1/4 x 12 pump in hole, set pump jack. Put on pump 0 BO, 12 MCF, 5 BW

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

SIGNATURE *Gary Heard* TITLE AGENT DATE **02/21/2000**

TYPE OR PRINT NAME TELEPHONE NO. **(505) 393-2727**

(THIS SPACE FOR STATE USE)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS APPROVAL, IF ANY: _____

ORIGINAL SIGNED BY
GARY W. WINK
DISTRICT MANAGER

FEB 11 2000