

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico **HOBBS OCD**  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

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

JUN 27 2013  
**RECEIVED**

WELL API NO. 30-025-26104
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-5543
7. Lease Name or Unit Agreement Name LEA YH STATE
8. Well Number 1
9. OGRID Number 122912
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3949' GL, 3960' KB = 11'KB

**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

2. Name of Operator  
K.C. Resources, Inc.

3. Address of Operator  
P. O. Box 6749, Snowmass Village, CO 81615

4. Well Location  
 Unit Letter O : 760 feet from the S line and 1280 feet from the E line  
 Section 25 Township 18S Range 34E NMPM County Lea

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Estimate date to start this well:

Notify OCD, Hobbs Office, 24 hours before moving in.

Plan 2 - Go out and turn on electricity and pumps to see if they work.

Evaluate to see if wells will produce.

If evaluation is no - shut wells in and notify OCD by way of intent forms to do remedial work.

*NO PUMPBACK ON WELL. WILL EVALUATE AND PLACE PUMPBACK / MOVE ON SITE by 8/1/13. will ADVISE OCD AS TO TIMING.*

**The Oil Conservation Division  
 MUST BE NOTIFIED 24 Hours  
 Prior to the beginning of operations**

Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE Chief Financial Officer DATE 6/26/13

Type or print name James Spillane E-mail address: jspillane@crystalriveroil.com PHONE: 760-753-3330  
 For State Use Only

APPROVED BY: [Signature] TITLE Dist. Mgr DATE 7-1-2013  
 Conditions of Approval (if any):

JUL 02 2013