

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

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

Energy, Minerals and Natural Resources

Revised August 1, 2011

RECEIVED
HOBBS OCD
JUL 01 2013

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

WELL API NO. 30-025-26562
5. Indicate Type of Lease STATE X FEE
6. State Oil & Gas Lease No. LG-5543
7. Lease Name or Unit Agreement Name: LEA YH STATE
8. Well Number 3
9. OGRID Number 122912
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3964.5' GL, 3982.1' KB = 17.6' 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 X 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 J 1980 feet from the S line and 1980 feet from the E line Section 25 Township 18S Range 34E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3964.5' GL, 3982.1' KB = 17.6' KB

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPL
DOWNHOLE COMMINGLE
OTHER:
SUBSEQUENT REPORT OF:
REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. P AND A
CASING/CEMENT JOB
OTHER:

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.

No tanks or pits. Workover
Name of rig company is: LNR
Operating Plan: Pull well, test tubing, change pump, put new pump in, and space rods out and return well to productive status.

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 TITLE Chief Financial Officer DATE 7/1/13

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

For State Use Only

APPROVED BY: Macey G Brown TITLE Compliance Officer DATE 7/2/2013
Conditions of Approval (if any):

OCD Condition of Approval:
After remedial work has been done. Forms required are:
C-103 Subsequent Report with dates and the work that was done, and
C-104 with transporter(s), perms producing from, tubing size and depth
& 24 hour production test.

JUL 02 2013