	Submit Copy To Appropriate District OBBS OCD State of New Mexico	Form C-103	
	Office		
	District 1 - (575) 393-6161 Energy, Minerals and Natural Resource OBB	WELL API NO.	
	1625 N. French Dr., Hobbs, NM 88240 7 2013 District II - (575) 748-1283	30-025-26562	
	811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION 1	6. 216 Bate Type of Lease	
		STATE XX FEE	
	1000 Rio Brazos Rd., Aztec, NM 87410 RECEIVED Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
	87505		
	SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
	(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.)	LEA YH STATE	
	1. Type of Well: Oil Well X Gas Well Other	8. Well Number 3 -	
	2. Name of Operator	9. OGRID Number	
N	K.C. Resources, Inc.	122912	
	3. Address of Operator	10. Pool name or Wildcat	
	P. O. Box 6749, Snowmass Village, CO 81615		
	4. Well Location		
	Unit Letter J: 1980 feet from the S line and 1980	feet from theEline	
	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		
		135	
	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
	PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
	TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRI		
	PULL OR ALTER CASING 🔲 MULTIPLE COMPL 🔲 CASING/CEMENT	ГЈОВ 🗌	
		—	
	OTHER: XX OTHER:	П	
	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.	npieriens. Attaen wentere diagram of	
	t h		
	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.		
	In evaluation is no shall wons in and notify eeeb by way of mich terms to de termediat work.		
	NEAR BRUSSON (571) 393-6169 WIT SEON SITE SATURDAY 6101131 TO		
	NEAL BEINSON (575) 393-6169 WIT SEONSITE SATURDAY (6/29/13) TO SET & BALANCE HORSESHEAD/INT, & TEST. IF INT TEATS SATUR ANOTORY WOU REAMAN WALL TO SERVICE.		
	with return court to service.		
1	The Oil Conservation Division		
	Spud Date: Rig Release Date: MUSI	BE NOTIFIED 24 Hours	
	Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
	SIGNATURE TITLE_Chief Financial Officer DATE6/26/13		
	Type or print nameJames-Spillane E-mail address:jspillane@crystalriveroil.com_ PHONE: _760-753-3330		
	For State Use Only		
	APPROVED BY: Congeler TITLE LIST MA	P DATE $1 - LOL3$	
	Conditions of Approval (if any):		
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	<i>'</i>	DATE 7-1-2013 JUL 0 2 2013	