Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

| FORM APPROVED |
|-------------------------|
| OM B No. 1004-0137 |
| Expires: March 31, 2007 |

| BUREAU OF LAND MA | 5. Lease Serial No. | |
|---|--|---|
| SUNDRY NOTICES AND RI | NM 2842 A | |
| Do not use this form for proposals abandoned well. Use Form 3160 - 3 | If Indian, Allottee or Tribe Name | |
| SUBMIT IN TRIPLICATE- Other ins | 7. If Unit or CA/Agreement, Name and/or No. | |
| 1. Type of Well ☐ ☐ Gas Well ☐ ☐ Other | 8. Well Name and No. | |
| 2. Name of Operator CrownQuest Operating, LLC | | Federal 20 #5 9. API Well No. |
| 3a. Address Box 53310, Midland, TX 79710 | 3b. Phone No. (include area code) 432 684-6381 | 30 025 28238 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description |) | BAUM ABO; SWD |
| Sec 20, T13S, R33D, NMPM; UL K: 1980 FSL & 1980 FW | VL. | 11. County or Parish, State Lea |
| 12. CHECK APPROPRIATE BOX(ES) T | O INDICATE NATURE OF NOTICE, | REPORT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | |
| Notice of Intent Acidize | Fracture Treat New Construction Plug and Abandon Plug Back Temporarily Water Disposite to the Bond No. on file with BLM/BIA. Requirements in a multiple completion or recompletion or results in a multiple completion or recompletion of the Bond No. on file with BLM/BIA. Requirements in a multiple completion or recompletion of the Bond No. on file with BLM/BIA. Requirements in a multiple completion or recompletion of the Bond No. on file with BLM/BIA. Requirements including recipients as excavated, lined and backfilled. It is excavated, lined and backfilled. It is excavated, lined and seeded. It is excavated. I | of any proposed work and approximate duration thereof. It true vertical depths of all pertinent markers and zones. The surred subsequent reports shall be filed within 30 days on in a new interval, a Form 3160-4 shall be filed once damation, have been completed, and the operator has subject to Onsite Inspection. The subject to Onsite Inspection. The subject is are not achieved, work may be required. |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Ann Ritchie | Title Regulatory | |
| Signature Mulichi | Date | 09/17/2013 |
| THIS SPACE FOR | FEDERAL OR STATE OFFIC | E USE |
| Ammued by | Title | Date |
| Approved by Conditions of approval, if any, are attached. Approval of this notic certify that the applicant holds legal or equitable title to those right which would entitle the applicant to conduct operations thereon. | ce does not warrant or s in the subject lease Office | 50 |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make i States any false, fictitious or fraudulent statements or representation | t a crime for any person knowingly and willfulns as to anymatter within its jurisdiction. | lly to make to any department or agency of the Unite |

(Instructions on page 2)

MUB JOCD 12/21/2015 DEC 22 2015