

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

Energy, Minerals and Natural Resources

Form C-103

Revised August 1, 2011

RECEIVED
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 <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 3
9. OGRID Number 122912
10. Pool name or Wildcat

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
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 <u>J</u> : 1980 feet from the <u>S</u> line and 1980 feet from the <u>E</u> line Section <u>25</u> Township <u>18S</u> Range <u>34E</u> NMPM County <u>Lea</u>	
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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER:

☒

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: Maley 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), perfs producing from, tubing size and depth
& 24 hour production test.

JUL 02 2013