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| Submit One Copy To Appropriate District Office | State of New Mexico | | Form C-103 | |
| District I 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | WELL ADINO | Revised November 3, 2011 0-025-22619 |
| District II 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | V |
| District III 1220 South St. Francis Dr. | | 5. Indicate Type of Lease STATE x FEE | | |
| District IV Santa Fe, NM 8/505 | | 6. State Oil & Gas Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | 302608 | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name or Unit Agreement Name | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | ate 26 |
| 1. Type of Well: X Oil Well Gas Well Other | | | 8. Well Number | 001 V |
| 2. Name of Operator CrownQuest Operating LLC \(\) | | | 9. OGRID Number | 213190 |
| 3. Address of Operator PO Box 53310, Midland, TX 79710 | | | 10. Pool name or Wildcat Tulk; Penn | |
| 4. Well Location | | | T tilk, I | Cim |
| Unit Letter <u>D</u> : 660 feet | | | | V |
| Section <u>26</u> Township <u>14S</u> Range <u>32E</u> NMPM County <u>LEA</u> | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4291.3' GR | | | | |
| 12. Check Appropriate Box to Indica | ate Nature of Notice, R | eport or Other Da | ata | |
| | | | SEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORLD TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI | | | | LTERING CASING |
| _ | TPLE COMPL | CASING/CEMENT | the state of the s | AND A |
| OTHER: | П | ☑ Location is re | ady for OCD inspect | tion after P&A |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. | | | | |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | | | |
| | | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR | | | | |
| PERMANENTLY STAMPED OF | | | | |
| The location has been leveled as nearly | as possible to original grou | nd contour and has t | peen cleared of all jun | k, trash, flow lines and |
| other production equipment. | | | | |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with | | | | |
| OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location. | | | | |
| X All metal bolts and other materials have | been removed. Portable ba | ses have been remov | ved. (Poured onsite co | oncrete bases do not have |
| to be removed.) X All other environmental concerns have | heen addressed as net OCT | rules | | |
| x Pipelines and flow lines have been aban | | | All fluids have been | removed from non- |
| retrieved flow lines and pipelines. If this is a one-well lease or last remaining | ing well on lease: all electric | cal service noles and | Hines have been remo | wed from lease and well |
| location, except for utility's distribution infra | | car service poies and | i inies nave been tenk | wed from lease and wen |
| When all work has been completed, return the | nis form to the appropriate I | District office to sche | edule an inspection. | |
| 111 | 11 | | 1 | / / |
| SIGNATURE | TITLE | Lease Manag | | ATE 17/18/15 |
| TYPE OR PRINT NAME Zachariah Jo For State Use Only, | nes E-MAIL: | zjones@crowno | quest.com PHO | ONE: 432-288-4726 |
| APPROVED BY: Wash wh | Hala PITLE T | Etroleum S | pecialist r | DATE 01/13 /2016 |
| THE TOTAL DE L | 111111_ | | (A) | - 1 - 1 - 3 - 3 |
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