

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

Form C-103
Revised July 18, 2013

| |
|---|
| WELL API NO. 30-025-22932 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name State 27 |
| 8. Well Number 2 |
| 9. OGRID Number 213190 |
| 10. Pool name or Wildcat Tulk Upper Penn <i>SWD; PENN</i> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4150 GR' |

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 ☐ Gas Well ☒ Other

2. Name of Operator **CrownQuest Operating**

3. Address of Operator **2129 PCR 2300, P.O. Box 53310, Midland, Tx 79710**

4. Well Location
Unit Letter **P** : **660** feet from the **South** line and **660** feet from the **East** line
Section **27** Township **14S** Range **32E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4150 GR'

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: Bradenhead Test <input checked="" type="checkbox"/> | |

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.

Performed Bradenhead test on Injection Well. Results are attached.

*LAST REPORTED PROD/INJ. 5/1/2015 (13 MONTHS)
AUTHORITY TO INJECT TERMINATED
Rule 19.15.26.12 C (1)
M. Brown*

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

Zachariah Jones

TITLE **Lease Manager IV**

DATE **6/27/2016**

Type or print name

Zachariah Jones

E-mail address: **zjones@crowquest.com**

PHONE: **432-288-4726**

For State Use Only

APPROVED BY:

Accepted for Record Only

DATE

Conditions of Approval (if any):

M. Brown 6/30/2016

MB

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

JUN 30 2016

BRADENHEAD TEST REPORT

RECEIVED

| | | | |
|---|--|-----------------------------------|--|
| Operator Name <i>Crown Quest Operating</i> | | API Number <i>30 025 22932</i> | |
| Property Name <i>State 27</i> | | Well No. <i>2</i> | |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot <i>P</i> | Section <i>27</i> | Township <i>14S</i> | Range <i>32E</i> | Feet from <i>660</i> | N/S Line <i>S</i> | Feet From <i>660</i> | E/W Line <i>E</i> | County <i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

| | | | | | | | | |
|------------------|----|----------------|----|------------|-----------------|-----|-----------------|--------------------------|
| TA'D WELL YES | NO | SHUT-IN YES | NO | INJ INJ | INJECTOR SWD | OIL | PRODUCER GAS | DATE <i>4-14-2016</i> |
|------------------|----|----------------|----|------------|-----------------|-----|-----------------|--------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|------------|--------------|--------------|-------------|---------------|
| Pressure | ϕ | ϕ | <i>N/A</i> | ϕ | ϕ |
| Flow Characteristics | | | | | |
| Puff | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | CO2 — |
| Steady Flow | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | WTR — |
| Surges | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | GAS — |
| Down to nothing | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | Type of Fluid |
| Gas or Oil | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | Injected for |
| Water | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | Waterflood if |
| | | | | | applies. |

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

| | | | |
|---|----------------------------|---------------------------|--|
| Signature: <i>RLC</i> | | OIL CONSERVATION DIVISION | |
| Printed name: <i>Reubin Collins</i> | | Entered into RBDMS | |
| Title: <i>Pumper</i> | | Re-test | |
| E-mail Address: <i>RLPS90@Leaco.net</i> | | | |
| Date: <i>4-14-2016</i> | Phone: <i>575-390-8728</i> | | |
| Witness: <i>[Signature]</i> | | | |