

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

**HOP** State of New Mexico  
Energy, Minerals and Natural Resources  
NOV 16 2018  
**RECEIVED**  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-005-29183</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>REMANT OIL OPERATING, LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>PO BOX 5375, Midland, TX 79704</b>		7. Lease Name or Unit Agreement Name <b>ROCK QUEEN UNIT</b>
4. Well Location Unit Letter <b>E</b> : 2145 feet from the N line and 1980 feet from the W line Section 26 Township 13S Range 31E NMPM County CHAVES		8. Well Number 314
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>370922</b>
		10. Pool name or Wildcat CAPROCK; QUEEN

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" 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"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

Failed annual BHT

Proposed plan:

Move in RU; pump brine water to kill injection string; N/D WH; N/U BOP; release packer and POOH injection string & packer; inspect tbg for holes; repair or replace packer; run back in hole same injection string replacing any bad jts; circ packer fluid; set packer & test

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carie Stoker TITLE Regulatory Affairs Coordinator DATE: 10/24/2018

Type or print name Carie Stoker E-mail address: carie@stokeroilfield.com PHONE: 432.664.7659

APPROVED BY: Gregory Brown TITLE Compliance Supervisor DATE 11/14/18  
Conditions of Approval (if any):