Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

Artesia

FORM APPROVED 10

5. Lease Serial No. NMNM03210

6. If Indian, Allottee or Tribe Name

| SUNDRY NOTICES AND REPORTS ON WELLS |
|---------------------------------------------------------------|
| Do not use this form for proposals to drill or to re-enter an |
| abandoned well. Use Form 3160-3 (APD) for such proposals |

| abandoned well. | Use Form 3160-3 (APD |) for such proposals | 3. | | |
|------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------|---------------------------------------|
| SUBMIT IN TRIPLICATE - Other instructions on page 2. | | | 7. If Unit of CA/Agreement, Name and/or No. 8910084860 | | |
| 1. Type of Well Gas Well Other | | | 8. Well Name and No. | | |
| 2 Name of Operator | | | WEST CAP QUEEN SAND UNIT 004 9. API Well No. | | |
| REMNANT OIL OPERATING, LLC | | Di N. C. L. | | 30-005-01092 | |
| 3a. Address P.O. BOX 5375 MIDLAND, TX 79704 | . 43 | Phone No. (include area coa 2-242-4965 | re) | 10. Field and Pool or E CAPROCK-QUEEN | - |
| 4. Location of Well (Footage, Sec., T., | R., M., or Survey Description) | | | 11. Country or Parish, | State |
| 1982 FNL 660 FEL; UL H SEC 17 T14S R31E | · | | | CHAVES, NM | |
| 12. CHEC | CK THE APPROPRIATE BOX(E | ES) TO INDICATE NATURE | OF NOTIO | CE, REPORT OR OTH | ER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | |
| Notice of Intent | Acidize Alter Casing | Deepen Fracture Treat | | uction (Start/Resume) | Water Shut-Off Well Integrity |
| Subsequent Report | Casing Repair | New Construction | Reco | mplete | Other |
| | Change Plans | Plug and Abandon | | porarily Abandon | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Wate | r Disposal | · · · · · · · · · · · · · · · · · · · |
| testing has been completed. Final determined that the site is ready fo 02/01/2018 | | ned only after an requirement | , meruumg | reciamation, have been | completed and the operator has |
| | | | | | RECEIVED |
| RESPACED PUMP; RTP | | | | | |
| | | | | 00 | CT 0 1 2018 |
| | | | | DISTRICT | II-ARTESIA O.C.D. |
| | | | | | "ARTESIA O.C.D. |
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| | | | | | |
| 14. I hereby certify that the foregoing is t | | | _ | | (f) |
| | rue and correct. Name (Printed/Ty | ped) | — <i>—</i> | | |
| CARIE STOKER | rue and correct. Name (Printed/T) | | TORY AF | FAIRS COORDINATS | DR DR |
| CARIE STOKER Signature | rue and correct. Name (Printed/T) | | / | | |
| CARIE STOKER Signature | Stolor | Title REGULA | 18 AC(| CEPTED FOR | |
| Signature (| Stolor | Date 02/16/20 | 18 AC(| CEPTED FOR | RECORD |
| | THIS SPACE FO | Date 02/16/20 PR FEDERAL OR STA | 18 AC(| CEPTED FOR | RECORD POIS |
| Approved by Conditions of approval, if any, are attache that the applicant holds legal or equitable | THIS SPACE FO | Date 02/16/20 PR FEDERAL OR STA Title Title Warrant or certify ase which would Office me for any person knowingly are | 18 ACC | SEP 6 | RECORD POIS |