

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.: 30 025 28819

5. Indicate Type of Lease  
STATE X FEE

6. State Oil & Gas Lease No.  
B-9380

7. Lease Name or Unit Agreement Name  
New Mexico "AQ" State NCT II

8. Well Number: 3

9. OGRID Number: 213190

10. Pool name or Wildcat  
Baum. Wlfcp. South (04967)

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 X Gas Well Other

2. Name of Operator: CrownQuest Operating, LLC

3. Address of Operator:  
P.O. Box 53310, Midland, TX 79710

4. Well Location

Unit Letter K : 1980 feet from the South line and 1980 feet from the West line  
Section 3 Township 14S Range 33E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.): 4235.8'

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water

Pit Liner Thickness: mil Below-Grade Tank: Volume bbls: Construction Material

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 ☐

OTHER:

SUBSEQUENT REPORT OF:

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

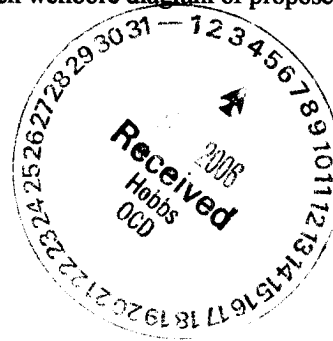
OTHER: Well put back on production

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

June/July 2006: Rigged up on well, cleaned out well and had fishing job.  
Repaired and set pumping unit. Ran tubing in hole. Waiting on electricians.

Well test:

11-27-06: 0 bbls oil; 0 bbls water; 50 mcf/day



(ACOI 114)

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines X, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 11-27-06

Type or print name Ann E. Ritchie E-mail address: ann.ritchie@wtor.net Telephone No.: 432-661-6381  
For State Use Only

APPROVED BY: Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE \_\_\_\_\_  
Conditions of Approval (if any)

APR 18 2007