Submit 1 Copy	To Appropriate Distric	t S	tate of New Me	vico				For	m C-1	103	
Office District I – (575	393-6161		gy, Minerals and Natural Resources			Form C-103 October 13, 2009					
1625 N. French	Dr., Hobbs, NM 8824					WELL API NO.					
District III - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8711 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505						30-025-2192 5. Indicate T		se			
						STATE STATE /					
$\frac{\text{District IV}}{1220 \text{ S. st. Francis Dr., Santa Fe, NM}}$							& Gas Leas	e No.			
87505	icis Dr., Santa Fe, NM	FED END				B-9560					
SUNDRY NOTICES AND REPORTS ON WELLS							7. Lease Name or Unit Agreement Name				
(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.)							-BG- Stat	e NCT 1		(
	Well: Oil Well 🗵	Gas Well	Other			8. Well Number 3					
2. Name of	Operator				1	9. OGRID Number					
	t Operating, LLC	,	213190 ···								
3. Address of P.O. Box 53	310, Midland, TX	X 79710				10. Pool name or Wildcat Sauders; Permo Upper Penn					
4. Well Loca						Sautris, 1 c	rmo opper	Teim			
	t Letter K	: 1980 feet fi	rom the S	1	ine and 16	51 fe	et from the	w	1	ine	
	tion 14	Townshi		ge 33 E		MPM 10		ty Lea			
			Show whether DR,				Court	y Lea	and the second		
		4295' GL									
	12. Chee	ck Appropriate Bo	ox to Indicate N	ature of	of Notice, F	Report or O	ther Data				
	NOTICE OF			1	SUBS	EQUENT	REPOR				
PERFORM F	REMEDIAL WORK			REME	EDIAL WORK			RING CA	ASING	٦	
TEMPORAR	ILY ABANDON					LING OPNS.				\triangleleft	
	TER CASING		PM.X	CASI	NG/CEMENT	JOB					
DOWNHOLE	COMMINGLE	D P&A R									
OTHER:				OTHE					[
		ompleted operations.								date	
		d work). SEE RULE	19.15.7.14 NMAC	C. For M	Multiple Com	pletions: Atta	ach wellbor	e diagrar	n of		
1 1	osed completion of 6/17 MIRU Plugg	r recompletion. ging Equipment. Dug	out cellar ND w	ell hea		RIH w/ nkr &	& 2 3/8 tha	to 6900'			
Pum	p'd 70 bbls H20 t	to establish injection	rate, well on vac	uum. 0	1/17/17 Pum	p'd 110 bbls	H20 through	zh 4 1/2"	csg, cs	g	
didn	't load. Pump'd 2	0 bbls H20 through	2 3/8 tbg, well on	vacuur	m. Sqz'd 135	sx class H cr	nt, after 40	bbls of			
		circulating on 4 1/2								•	
		psi. WOC for 1 hoursi. WOC. Pkr & tbg									
		esg, held 500 psi. Per									
Whi	taker w/ OCD's r	request). WOC. 01/18	8/17 Tag'd plug @	3450'.	RIH & Cut	tbg @ 3400'.	Tbg free.	66 jts 2 3	8/8 tbg		
		ot'd 25 sx class C cm									
		sg @ 2650'. RIH w/ 4 :. Tag'd plug @ 2520								ر	
	i in the tog to pit	. Ing a ping a source		00.04	2 4 50 52 614		ispineed to		J. I)		
. 15				Γ	1.12	0.10015		(1)	J		
Spud Date:	01/16/	/2017	Rig Release D	Date:	1/2	0/2017					
				L							
I hereby certif	y that the information	tion above is true and	complete to the be	est of m	y knowledge	and belief.					
		O									
SIGNATIDE	\checkmark	5	TITLE	Lease	Manager		DATE	02/14	/2017		
SIGNATURE	Soul	orm	TITLE	Lease	e Manager		_DATE	02/14	12017		
Type or print	name	Saul Leyva	E-mail address	s: sle	eyva@crow	nquest.com	PHONE:	432-5	59-906	56	
For State Use						-	_				
APPROVED	DV. MW		TITLE				DATE D	2/71	120	17	
	Approval (if any):		TITLE				DATE J	-1-0	100	. /	

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Submit 1 Copy To Appropriate District State of N Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	lew Me	xico		Form C-103								
District I – (575) 393-6161	October 13, 2009											
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.									
811 S. First St., Artesia, NM 88210	30-025-21924											
District III - (505) 334-61780 1220 South S	ncis Dr.	5. Indicate Type of Lease STATE STATE F	TEE 🗆 🖌									
1000 Rio Brazos Rd., Azte, NM 87410 Santa Fe.	NM 87	7505	6. State Oil & Gas Lease N									
District II - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District III - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Azte, NM 87410 District IV - (505) 476-3460 1220 South S 1220 S. St. Francis Dr., Santa Fe, NH	B-9560	10.										
87505												
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM	7. Lease Name or Unit Agreement Name New Mexico -BG- State NCT 1											
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 3											
2. Name of Operator CrownQuest Operating, LLC	9. OGRID Number 213190											
3. Address of Operator			10. Pool name or Wildcat									
P.O. Box 53310, Midland, TX 79710	Sauders; Permo Upper Penn											
4. Well Location			, III									
Unit Letter <u>K</u> : <u>1980</u> feet from the <u>S</u> line and <u>1651</u> feet from the <u>W</u> line												
Section 14 Township 14S			MPM County	Lea								
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4295' GL												
12. Check Appropriate Box to Ind	icate N	ature of Notice, 1	Report or Other Data									
NOTICE OF INTENTION TO:			SEQUENT REPORT	OF								
		REMEDIAL WORK		OF. NG CASING□								
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT											
OTHER:		OTHER:										
 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. Tag'd plug @ 1685'. Perf'd csg @ 415'. ND BOP, NU well head. Sqz'd 120 sxs class C cmt @ 415' to surface (notified Mark Whitaker w/ OCD). 01/20/17 Verified cmt to surface. Rigged down plugging equipment and moved off. 01/24/17 Rigged down & moved off. 01/24/17 Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, moved off. 												
			(pg.2)								
Approved for Plugging of wellbore o	nly. Lia	bility		J								
under bond is retained pending resto												
completion of the C-103, Specific for	Subse	quent										
Report of Well Plugging, which may	be foun	d on										
the OCD web page under forms.												
Restoration Due By01/18/20	018											
Spud Date: 01/16/2017 Rig R	elease D	Date:	/20/2017									
I hereby certify that the information above is true and complete	to the be	est of my knowledge	and belief.									
$(\Lambda \bigcirc$												
SIGNATURE TITLE	L	ease Manager	DATE 02	/14/2017								
			DAIL									
	l address	sleyva@crown	nquest.com PHONE: 4	32-559-9066								
For State Use Only	0											
APPROVED BY: Uah White TITLE Conditions of Approval (if any):	P.E	.S.	DATEOZ	120/2017								
II ()/.												

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