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State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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

NMOCD ARTESIA

CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-005-62742

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

37264

7. Lease Name or Unit Agreement Name:

CRYSTAL AMETHYST

8. Well Number

108

9. OGRID Number

259169

10. Pool name or Wildcat

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

WATERFORD OPERATING, LLC.

3. Address of Operator

1001 McKinney St., Ste 2000, Houston, TX 77002

4. Well Location

Unit Letter E : 1980 feet from the NORTH line and 660 feet from the WEST line

Section 8 Township 13 S Range 28 E NMPM County CHAVES

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

3,633 KB; 3,632 DF; 3617 GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type STEEL 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

Approved for plugging of well **ABANDONMENT**
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms: www.cmnrd.state.nm.us/oed.

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.

9-2-10 Set C.I.B.P. @7,405'. 9-7-10 Cap C.I.B.P. w/25 sx. Displace T.O.C. @7,179'. Tbg. @6,022'. Spot 25 sx. Displace T.O.C. to 5,770'. Tbg. @5,256'. Spot 25 sx. Displace T.O.C. to 5,004'. Tag @5,048'. 9-8-10 Tbg. @3,200'. Spot 45 sx. Displace T.O.C. @2,745'. Tag @2,799'. 9-8-10 Unable to sqz. perfs. @2,300' - 2,314'. Tbg. @2,364'. Spot 25 sx. Displace T.O.C. @2,112'. Tag @2,177'. 9-9-10 Tbg. @1,650'. Spot 25 sx. Displace T.O.C. @1,398'. Tag @1,450'. 9-9-10 Perfs. @253'. Unable to sqz. tbg. @303'. Circulate cmt. to surface.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms: www.cmnrd.state.nm.us/oed.

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 ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE _____ TITLE P & A SUPV. DATE 9-21-10

Type or print name GARY EGLESTON E-mail address: _____

Telephone No. (432) 563-3355

For State Use Only

APPROVED BY Accepted for record TITLE _____ DATE _____

Conditions of Approval, if any:

3/26/2012