| Submit I Copy To Appropriate District Office  | State of New Me  | xico             | Form C-103                |                        |
|---|--|------------------|---------------------------|------------------------|
| District I _ (575) 303-6161   | street I (575) 303 6161 Energy, Minerals and Natural Resources |                  |                           | Revised August 1, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240   |  |                  | WELL API NO.              | 025-01849              |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION  |  |                  | 5. Indicate Type of Lease |                        |
| District III - (505) 334-6178 1000 Rto Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460  NOV 1 2 2 3 3 3 4 5 1 5 2 1 5 3 1 5 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5    |  |                  | STATE 🔀                   |                        |
|   |  |                  | 6. State Oil & Gas        | Lease No.              |
| 1220 S. St. Francis Dr., Santa Fe, NM HOBBSULD  |  |                  | E-279                     | .3                     |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                  | 7. Lease Name or U        | Jnit 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.)       |  |                  | WEST RANGER UNIT #        |                        |
| 1. Type of Well: Oil Well Gas Well Other Swo  |  |                  | 8. Well Number 6          |                        |
| 2. Name of Operator ENER QUEST ENERGY   |  |                  | 9. OGRID Number<br>212929 |                        |
| 3. Address of Operator 10 DESTA DRIVE, STE 300-EAST   |  |                  | 10. Pool name or V        |                        |
| MIDLE   | ND TX 7970   | 5                |                           | 5WD                    |
| 4. Well Location  |  |                  |                           |                        |
| Unit Letter H: 1978 feet from the W line and 660 feet from the S line   |  |                  |                           |                        |
| Section 23 Township 125 Range 34E NMPM County LEA   |  |                  |                           |                        |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |                  |                           |                        |
|   |  |                  |                           |                        |
| 12. Check Ap  | propriate Box to Indicate N                                    | ature of Notice, | Report or Other I         | )ata                   |
|   |  |                  |                           |                        |
| NOTICE OF INTENTION TO: SUB: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK   |  |                  |                           | ALTERING CASING        |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI   |  |                  | <del></del>               | PANDA []               |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN  |  |                  |                           |                        |
| DOWNHOLE COMMINGLE  |  |                  |                           |                        |
| OTHER:  | П  | OTHER:           | 0 -= 15014                | estical M              |
| OTHER: LETTER OF VIOLATION X  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.                   |  |                  |                           |                        |
| RESPONSE TO INSPECTION# ISAD 112 6636477:   |  |                  |                           |                        |
| MIT FAILURE ON 1-5-2009. RETEST ON 1-6-2009 WITNESSED BY  |  |                  |                           |                        |
| MIT PAICURE OF 1-3-2007. RETEST ON 1-6-2009 WITNESSED BY  |  |                  |                           |                        |
| MAXEY BROWN APPROVED AS GOOD TEST. HAD TO RE-PLUMB  |  |                  |                           |                        |
| THE CASING VALUES AFTER DIGGIAG OUT THE CELLAR TO   |  |                  |                           |                        |
| EXPOSE WELLHEAD ASSY. DETERMINED THAT IMPROPER PLUMBING   |  |                  |                           |                        |
| CAUSSO THE FAILED TEST ON 1-5-2009.   |  |                  |                           |                        |
| . INSTALLSO NEW PRESSURE GANGE ON TBG.  |  |                  |                           |                        |
|   |  |                  |                           |                        |
|   |  |                  |                           |                        |
|   | <del></del>  |                  | <del></del>               | 7                      |
| Spud Date:  | Rig Release Da   | ite:             |                           |                        |
| \   |  | <u> </u>         | <del></del>               | <u>۔</u>               |
| The house of Catalana in Casalana   |  |                  |                           |                        |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                  |                           |                        |
|   |  |                  |                           |                        |
| SIGNATURE THE PRESIDENT DATE 11-8-11  |  |                  |                           |                        |
| Type or print name TERM DIFFE E-mail address: PHONE: 432-686-9790   |  |                  |                           |                        |
| For State Use Only  |  |                  |                           |                        |
| APPROVED BY: DATE 11-15-2011  |  |                  |                           |                        |
| Conditions of Approval (if any):  |  |                  |                           |                        |
|   |  |                  |                           |                        |
|   |  |                  |                           |                        |