

To Appropriate District

State of New Mexico

Hobbs Minerals and Natural Resources

Form C-103

Revised August 1, 2011

393-6161

Dr., Hobbs, NM 88240

(505) 748-1283

St., Artesia, NM 88210

(505) 334-6178

io Brazos Rd., Aztec, NM 87410

(505) 476-3460

20 S. St. Francis Dr., Santa Fe, NM 87505

JUL 17 2013 CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO.

30-025-26104

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

LG-5543

7. Lease Name or Unit Agreement Name

LEA YH STATE

8. Well Number 1

9. OGRID Number

122912

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

K. C. Resources, Inc.

3. Address of Operator

P. O. Box 6749, Snowmass Village, CO 81615

4. Well Location

Unit Letter O: 760 feet from the S line and 1780 feet from the E line

Section 25 Township 18S Range 34E NMPM County Lea

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

3949' GL, 3960' KB = 11' KB

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 ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

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

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.

Pull Tubing

Test Well Bore Integrity

Perforate and/or Acidize as necessary

Run tubing rods and pump back in hole

Rig down move off (RDMO)

Move Pump Jack from YH State #3 to YH State #1

And then return well to production

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Chief Financial Officer DATE 7/16/13

Type or print name James Spillane

E-mail address: jspillane@crystalriveroil.com PHONE: 760-753-3330

For State Use Only

APPROVED BY:

TITLE Dist. MGR

DATE 7-18-2013

CONDITION OF APPROVAL: OPERATOR SHALL GIVE THE OGD DISTRICT OFFICE 24 HOURS NOTICE BEFORE WORK BEGINS