Submit 1 Copy To Appropriate District	Appropriate District State of New Mexico			Form C-103	
Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and	Natural Resources	WELL API NO.	Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	(575) 748 1282			,—	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-01433 5. Indicate Type of Le		
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE X	FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, N	M 8/303	6. State Oil & Gas Lea	ase No.	
87505			B-2148		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit	t Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Shahara State Uni	t .	
1. Type of Well: Oil Well Gas Well Y Other			8. Well Number 00	06	
2. Name of Operator	VOLLEGE II I I C	- SEP 03 2014	9. OGRID Number		
3. Address of Operator 4526 R	YQUEST II, LLC	111TE 200 -	10. Pool name or Wild	leat	
	OODLANDS, TX 77381	UITE 200	Maljamar	icat	
4. Well Location					
Unit Letter K: 1960 feet from the South line and 1650 feet from the West line					
Section 16	Township 17S			unty	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4188 DF					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐					
TEMPORARILY ABANDON					
PULL OR ALTER CASING	-	CASING/CEMEN	T JOB		
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	-				
OTHER:	,	OTHER: Pressu	re test	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.					
5-year pressure test performed 08/11/2014.					
Spud Date: 04/20/58	Rig Relea	ase Date: 05/1	14/58		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE AU A A 7	Moore, TITLE	Production Analyst	DATE	09/02/2014	
Type or print name Debra Moore E-mail address: debra.moore@energyquest.us PHONE: 281-875-6200					

APPROVED BY: Silv × Conditions of Approval (if any):

CORD ONLY

NAME OF STATE STATE MANAGER DATE 9/5/2019

SEP 1 5 2014

