

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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.)		WELL API NO. 30-025-01434
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ENERGYQUEST II, LLC		6. State Oil & Gas Lease No. B-2148
3. Address of Operator 4526 RESEARCH FOREST DR., SUITE 200 THE WOODLANDS, TX 77381		7. Lease Name or Unit Agreement Name Shahara State Unit
4. Well Location Unit Letter N : 660 feet from the South line and 1980 feet from the West line Section 16 Township 17S Range 33E NMPM Lea County		8. Well Number 7
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4187 GR		9. OGRID Number
10. Pool name or Wildcat Maljamar Grayburg San Andres		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Bradenhead test performed <input checked="" type="checkbox"/>	
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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.

Passed bradenhead test 8/11/14. State representative unable to witness.

> Need BHT Form showing BHT results.
 SAS/DCD 10/21/14

Spud Date: 06/04/58 Rig Release Date: 06/21/58

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

SIGNATURE Debra Moore TITLE Production Analyst DATE 09/10/2014

Type or print name Debra Moore E-mail address: debra.moore@energyquest.us PHONE: 281-875-6200
For State Use Only

APPROVED BY: Bill Serrano TITLE Staff Manager DATE 10/7/2014
 Conditions of Approval (if any):

FOR RECORD ONLY
 OCT 27 2014