

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

HOBBS OCD

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. 30-025-01438
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 M : 660 feet from the South line and 660 feet from the West line Section 16 Township 17S Range 33E NMPM Lea County		8. Well Number 8
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4192 GL		9. OGRID Number 187940
		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 ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Bradenhead test performed ☒

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.  
AS/OCD  
10/27/2014

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 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 Larama TITLE Staff Manager DATE 10/7/2014  
Conditions of Approval (if any):

FOR RECORD ONLY

OCT 27 2014