

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 DISTRICT  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

HOBBS OGD  
 RECEIVED  
 SEP 11 2014

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. 30-025-34703 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Water Disposal		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ENERGYQUEST II, LLC ✓		6. State Oil & Gas Lease No. NM94864
3. Address of Operator 4526 RESEARCH FOREST DR., SUITE 200 THE WOODLANDS, TX 77381		7. Lease Name or Unit Agreement Name El Zorro Fremont Federal ✓
4. Well Location Unit Letter <u>G</u> : <u>1880</u> feet from the <u>North</u> line and <u>1350</u> feet from the <u>East</u> line Section <u>1</u> Township <u>9S</u> Range <u>36E</u> NMPM Lea County		8. Well Number <u>2</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4039 GL		9. OGRID Number Allison Penn ✓

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: Casing Integrity Test <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.

Failed casing integrity test 8/11/14. Casing will not hold pressure.

Spud Date: 07/02/2000 Rig Release Date: 08/12/2000

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

**FOR RECORD ONLY**

OCT 30 2014