

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  
 October 13, 2009

**HOBBS OIL CONSERVATION DIVISION**

OCT 04 2016

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

RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-025-27912</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>CrownQuest Operating, LLC</b>		6. State Oil & Gas Lease No. <b>B-4565</b>
3. Address of Operator <b>P.O. Box 53310, Midland, TX 79710</b>		7. Lease Name or Unit Agreement Name <b>New Mexico "AT" State #8</b>
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>15</u> Township <u>14S</u> Range <u>33E</u> NMPM County <u>Lea</u>		8. Well Number <u>8</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4214' GL</b>		9. OGRID Number <b>213190</b>
		10. Pool name or Wildcat <b>Saunders Permo Upper Penn</b>

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

<b>NOTICE OF IN-</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: _____	<b>INT TO PA</b> <b>P&amp;A NR</b> <u>Per. ✓</u> <b>P&amp;A R</b> _____	<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 checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: _____
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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.

07/13/16 MIRU Plugging equipment, dug out cellar, ND wellhead, NU BOP. RIH w tbg tongs, released T.A.C. POH w/ tbg, rods in tbg. 07/14/16 Laid down 148 jts of 7/8 rods. POH w/ 158 stands of 27/8 tbg total. RIH w/ guage ring, could not get past 8800'. RIH w/ 2 7/8 tbg to 9775'. Circulated well w/ 60 bbls of water. Spot'd 25 sxs class H cmt @ 9522-9775 (Per orders of Maxey Brown w/ OCD). WOC. 07/15/16 No tag. Respotted 25 sxs class H cmt @ 9522-9775'. WOC. No Tag. Respotted 25 sxs class H cmt @ 9522-9775 (notified Maxey Brown w/ OCD). WOC. 07/18/16 Tag'd plug @ 9510'. Tried to pressure test well, wouldn't test. Spot'd 25 sxs class C cmt @ 7050-6950'. WOC. Tag'd plug @ 6800'. Spot'd 25 sxs class C cmt @ 4240-3987. WOC. 07/19/16 Tag'd plug @ 3958'. Pressure tested csg, held 700 psi. Spot'd 25 sxs class C cmt @ 2650-2397'. Spot'd 25 sx class C cmt @ 1750-1517'. Perf'd csg @ 530', pressured up on perms. Spot'd 25 sxs class C cmt @ 580-327'. WOC. Tag'd plug @ 340. Perf'd csg @ 100', pressured up on perms. Spot'd 30 sx class C cmt @ 340 & circulated to surface. 07/20/16 Verified cmt to surface. Rigged down & moved off. 07/21/16 Download backhoe. Dug up dead man. Dug up cellar, cut off wellhead, installed Above Ground Dry Hole Marker,

Spud Date: 7-13-2016 Rig Release Date: 7-20-2016

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

SIGNATURE Saul Leyva TITLE Lease Manager DATE 9-26-16  
 Type or print name Saul Leyva E-mail address: sleyva@Crownquest.com PHONE: 432-559-9066  
**For State Use Only**  
 APPROVED BY: Mark W. Pitman TITLE P.E.S. DATE 10/5/2016  
 Conditions of Approval (if any):

District I - (575) 393-6161
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HOBBS OCD
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

OCT 04 2016

RECEIVED

WELL API NO. 30-025-27912
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. B-4565
7. Lease Name or Unit Agreement Name New Mexico "AT" State #8
8. Well Number 8
9. OGRID Number 213190
10. Pool name or Wildcat Saunders Permo Upper Penn

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 [X] Gas Well [ ] Other [ ]
2. Name of Operator CrownQuest Operating, LLC
3. Address of Operator P.O. Box 53310, Midland, TX 79710
4. Well Location Unit Letter L : 1980 feet from the S line and 660 feet from the W line
Section 15 Township 14S Range 33E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [X]
CASING/CEMENT JOB [ ]
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.
cleaned location and moved off.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.

Spud Date: 7-13-2016

Rig Release Date: 7-20-2016

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

SIGNATURE [Signature] TITLE Lease Manager DATE 9-26-16

Type or print name Saul Leyva E-mail address: sleuva@crowquest.com PHONE: 432-559-9066

For State Use Only

APPROVED BY: TITLE DATE
Conditions of Approval (if any):