

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 August 1, 2011

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

RECEIVED
 NOV 13 2018

WELL API NO. 30-005-00936
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 303735
7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
8. Well Number 087
9. OGRID Number 370922
10. Pool name or Wildcat CAPROCK; QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4426'

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 Gas Well Other: Injector

2. Name of Operator
REMNANT OIL OPERATING. LLC

3. Address of Operator
PO BOX 5375, Midland, TX 79704

4. Well Location
 Unit Letter F : 1980 feet from the N line and 1980 feet from the W line
 Section 36 Township 13S Range 31E NMPM County CHAVES

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

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

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.

SEE ATTACHED

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

SIGNATURE Carie Stoker TITLE Regulatory Affairs Coordinator DATE: 11/08/2018

Type or print name Carie Stoker E-mail address: carie@stokeroilfield.com PHONE: 432.664.7659

APPROVED BY: Maureen Brown TITLE AO/I DATE 11/13/2018
 Conditions of Approval (if any):

ROCK QUEEN UNIT 087

Date: 8-30-18 Lease: Rock Queen Unit 87

Description: Drove Rig to Loc. Spot Rig well had 800 psi waited for water trk to go load up + kill well bled down well flowing Co2 trk arrived pump 35 bbls well went on vacume. Rig up N/U well head + m/u b.o.p R/u floor unset pkr r/u tongs got ready to pull tbg + packer

Date: 8-31-18 Lease: Rock Queen Unit 87

Description: Drove to Loc. Check well press csg had 50 psi Tbg had 30 psi. Bled down csg + tbg open b.o.p p/o/h w/2- 4 x 2^{3/8} subs got ready to pull tbg; p/o/h w/91 jts + pkr, load pkr on trk + R/l/H w/21 jts kill string + S/D D/T loc

Date: 9-4-18 Lease: Rock Queen Unit 87

Description: Drove to loc. Check well press tbg had 60 psi csg had 60 psi open to get it bled down well start to flow hook reverse unit to tbg + kill tbg went on vac. Open B.O.P + P/O/H w/21 jts + p/u pkr + R/l/H w/91 jts talling tbg set pkr @2969 + test backside N/D b.o.p + flange well down, ran H-5 w/reverse unit, rig dn rev unit + rig + move rig to next loc.

Down Hole Equipment Detail: 91 Joints of 2 3/8", 4.7#, 8rd, EUE, J-55-TDC, IPC tubing with seal lube, + T-2 on/off tool w/ 4", AS-IT Nickel plated packer with 1.50" "F" profile nipple. Packer set @2969'.

Well ready to RTP after NMOCD approval

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Remnant Oil		API Number 30-005-00936
Property Name Rock Queen		Well No. #87

Surface Location

UL - Lat	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
F	36	13S	31E	1980	N	1980	W	Chaves

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	INJ <input checked="" type="radio"/> SWD <input type="radio"/>	OIL <input type="radio"/> GAS <input type="radio"/>	10-30-18

OBSERVED DATA

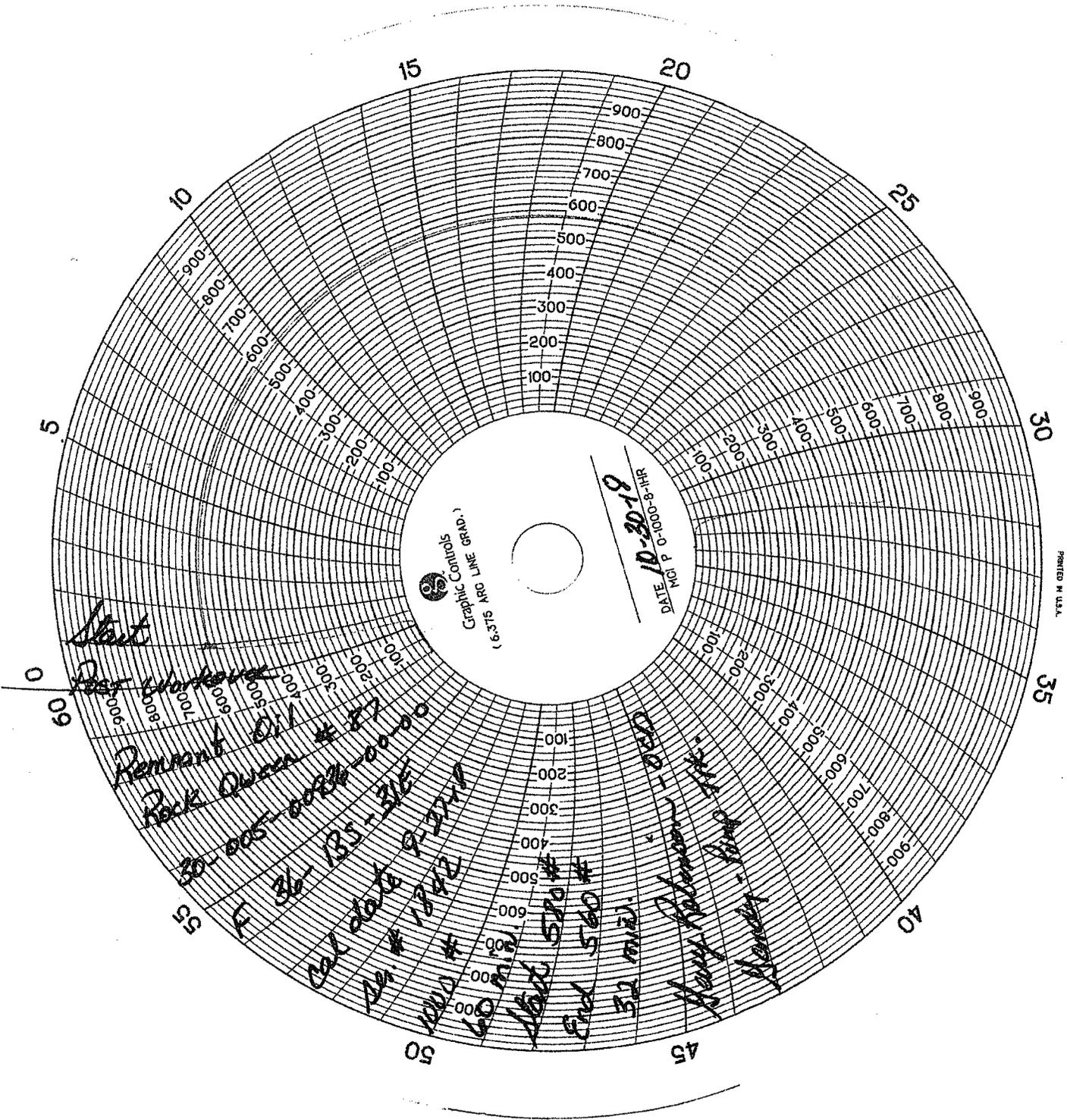
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	0	NA	0	850
Flow Characteristics					
Pull	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	CO ₂ <input type="checkbox"/>
Steady Flow	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Type of fluid injected or produced: applies
Gas or Oil	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	
Water	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Post Workover

Signature: <i>Arvil Baeza</i>	OIL CONSERVATION DIVISION
Printed name: ARVIL BAEZA	Entered into RBDMS
Title:	Re-test:
E-mail Address:	
Date:	Phone:
Witness: <i>Harry Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM



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