

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
 Minerals and Natural Resources
HOBBS OGD
NOV 1 6 22 018
RECEIVED
 OIL CONSERVATION DIVISION
 6220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

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. 30-005-00936
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Injector <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator REMNANT OIL OPERATING, LLC		6. State Oil & Gas Lease No. 303735
3. Address of Operator PO BOX 5375, Midland, TX 79704		7. Lease Name or Unit Agreement Name ROCK QUEEN UNIT
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		8. Well Number 087
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4426'		9. OGRID Number 370922
		10. Pool name or Wildcat CAPROCK; QUEEN

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" 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"/>		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: <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.

asing wouldn't blow down-fluid failed annual BHT
 proposed plan:
 move in RU; pump brine water to kill injection string; N/D WH; N/U BOP; release packer and POOH injection string & packer; repair or replace packer; run back in hole same injection string; set packer & test

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: 10/24/2018

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

APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 11/16/18

Conditions of Approval (if any):