

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO.: 30 025 01132

5. Indicate Type of Lease
STATE ☒ FEE

6. State Oil & Gas Lease No.
B-9505

7. Lease Name or Unit Agreement Name
New Mexico "AT" State

8. Well Number: 4

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~~ ☒ Gas Well Other ☒

2. Name of Operator: CrownQuest Operating, LLC

3. Address of Operator:
c/o P.O. Box 953, Midland, TX 79702

4. Well Location

Unit Letter I : 1980 feet from the South line and 660 feet from the East line
Section 22 Township 14S Range 33E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.): 4206'

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mill Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☐

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK _____ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A
CASING/CEMENT JOB _____

OTHER: T/A Failure

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

T/A procedure:
Rigged up pump truck.
Loaded & tested CIBP to 560 psi for 30 minutes. Test failed. Chart attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines X, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 11-1-06

Type or print name Ann E. Ritchie E-mail address: ann.ritchie@dnr.net Telephone No.: 432 684-6381
For State Use Only

APPROVED BY: Larry W. Wink TITLE REPRESENTATIVE II/STAFF DATE NOV 03 2006
Conditions of Approval (if any)

