

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. 30-025-01130
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: New Mexico BG State NCT 1
8. Well No. 2
9. OGRID Number 213109
10. Pool name or Wildcat Saunders: Permo Penn Upper
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4213
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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
PO Box 53310, Midland, TX 79710

4. Well Location
Unit Letter **SM** : **660** feet from the **South** line and **660** feet from the **West** line
Section **14** Township **14S** Range **33E** NMPM County **Lea**

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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☒
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/02/08 MIRU. 1/03/08 ND well head, NU BOP Rih w/ 169 jts. tbg. SDFN. 1/04/08 RIH w/ tbg. to 9660'. circulate hole with mud laden fluid. Spot 25 sx. cement plug on top of CIBP @ 9660. POH w/ 80 jts. tbg. 1/07/08 POH w/ tbg. ND wellhead and dig out cellar. SDFN. 1/08/08 Rig up casing jacks. Pulled 130000 lbs. got slips out. Free point csg. Cut csg. @ 7700'. Laid down 2 jts. casing. SDFN. 1/09/08 Laid down 44 jts. 5 1/2 csg. w/ jacks. Laid down 4 jts. w/ Rig. SDFN. 1/10/08 POH w 160 jts. 5 1/2 csg. SDFN. 1/11/08 Laid down 39 jts. 5 1/2 csg. RD casing equipment. NU wellhead and BOP. RIH w/ tbg to 7800'. Circulate hole w/ mud. Spot 50 sx cement plug. POH w/ 50 jts. tbg. SDFN. 1/14/08 Tagged plug @ 7574'. POH to 5600'. Spot 35 sx cement plug @ 5600. WOC 4 hrs. Tagged plug @ 5445'. POH to 4200'. Spot 50 sx cement plug. SDFN. 1/15/08 RIH and tag plug @ 4091. Spot 25 sx cement plug @ 4091'. WOC 4 hrs. Tag plug @ 4001'. POH to 2800'. Spot 75 sx cement plug to 2524. POH to 400'. Spot 35 sx cement plug. Pull out of cement. SDFN. 1/16/08 Tag plug @ 266'. POH to 50 ft. Spot 15 sx cement surface plug. Cut off wellhead and weld on Dry Hole Marker. Rigged down moved off.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emfsd.state.nm.us/oed/

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 ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE  TITLE Mgr. Special Projects DATE 1/21/08

Type or print name _____ E-mail address: _____ Telephone No. _____

For State Use Only

APPROVED BY  TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE MAR 03 2008

Conditions of Approval (if any): _____