		11/01/1	all to Dr.	FACE
Submit 1 Copy To Appropriate District	State of New M	exico PIAC.	OK TO REL	Form C-103
Office District I	Energy, Minerals and Nat		. 11/23/20	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, MASSAGE WED CONSERVATION DIVISION			30-025-01138	
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM \$7340 2 0 7000 Sonto Fo. NIM 97505			STATE X FEE   6. State Oil & Gas Lease No.	
District IV 1220 S. St. Francis Dr., Santa Fe, 1998 SOCD 87505			B 9385	as Lease No.
<del></del>		~		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name of	or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATI			New Mexico AN	l State *
PROPOSALS.)  1. Type of Well: Oil Well X Gas Well  Other			8. Well Number	
2. Name of Operator			9. OGRID Number	
CrownQuest Operating, LLC 🗸			213190	
3. Address of Operator			10. Pool name or Wildcat	
303 Veterans Airpark Lane, STE 5100, PO Box 53310, Midland, TX 79710			Saunders (Permo UPenn)	
4. Well Location			<b></b>	
Unit Letter K1980 fee	t from the Southline	and 1978fe	et from the West	line
Section 22    Towns	ship 14S ~ Range 33E	E - NM	PM Co	unty Lea
	l. Elevation <i>(Show whether Dl</i>	R, RKB, RT, GR, etc.)		
	4204' GR			
12. Check App	ropriate Box to Indicate N	Nature of Notice,	Report or Other	: Data
NOTICE OF INTE	NTION TO:	l cup	SEQUENT RE	DODT OF
	LUG AND ABANDON	REMEDIAL WOR		ALTERING CASING
	HANGE PLANS	COMMENCE DRI		P AND A
	ULTIPLE COMPL	CASING/CEMENT		
DOWNHOLE COMMINGLE			_	
OTUED.	<b></b>	071150 14		
OTHER:	Ц	OTHER: X Locati	on is ready for O	CD inspection after P&A
X All pits have been remediated in com	pliance with OCD rules and th	e terms of the Onera	tor's nit nermit and	d closure plan
X Rat hole and cellar have been filled a	nd leveled. Cathodic protection	n holes have been pro	operly abandoned.	•
X A steel marker at least 4" in diameter	and at least 4' above ground l	evel has been set in o	oncrete. It shows t	he
ODED ATOD NAME I PACE NAME	SAUTH A DIVINGENTAL A DA DA DA			
OPERATOR NAME, LEASE NAME, UNIT LETTER, SECTION, TOWNSI	WELL NUMBER, API NUI	MBER, QUARTER	QUARTER LOC	ATION OR
PERMANENTLY STAMPED ON TH	HF, AND KANGE. AH INFO E MARKER'S SHREACE	DEMIATION HAS E	BEEN WELDED	OR
X The location has been leveled as near	ly as possible to original groun	nd contour and has be	en cleared of all ju	ınk, trash, flow lines and
other production equipment.				•
X Anchors, dead men, tie downs and ris	ers have been cut off at least t	wo feet below ground	i level.	
X If this is a one-well lease or last rema OCD rules and the terms of the Operator	's pit permit and closure plan	All flow lines produ	ave been remediat	ed in compliance with
from lease and well location.				
X All metal bolts and other materials have	ve been removed. Portable bas	es have been remove	d. (Poured onsite c	concrete bases do not have
to be removed.)				
X All other environmental concerns have	e been addressed as per OCD	rules.		
X Pipelines and flow lines have been ab retrieved flow lines and pipelines.	andoned in accordance with 19	9.13.33.10 NMAC, A	all fluids have beer	removed from non-
X I hereby certify that the information a	bove is true and complete to the	e best of my knowle	dge and belief	
When all work has been completed, return	n this form to the appropriate I	District office to sche	dule an inspection.	
				1 1
SIGNATURE	TITLE Manag	er of Special Projects	DAT	re 11 19 09
Type or print name Don Rogers	F-mail addraga	drogers@crownque	at com	1 1
For State Use Only	E-man aguress:	urogers@crownque	st.com PHO	NE: 432 818 0300
MIN	<u> </u>	-1'		, 1
APPROVED BY: 11 avera Stor	WY TITLE COM	Muncell	lee DA	TE 11/23/2009
Conditions of Approval (if and):				