MAG. OKTOR	ELEASE.
Submit 1 Copy To Appropriate District State of New Mexico	2/10/2009 Form C-103
Office Energy, Minerals and Natural Resources	WELL API NO.
District II District II OIL CONSERVATION DIVISION	30-025-01132 V 5. Indicate Type of Lease
District III District III DEC 0 / 21119220 South St. Francis Dr.	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No. B-9505
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	New Mexico "AT" State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Injection	8. Well Number
2. Name of Operator	9. OGRID Number /
CrownQuest Operating, LLC	213190 10. Pool name or Wildcat
3. Address of Operator 303 Veterans Airpark Lane, STE 5100, PO Box 53310, Midland, TX 79710	Saunders Permo Upper Penn
4. Well Location Unit Letter I 1980 feet from the South line and 660 feet from the east line	
Section 15 Township 14S Range 33E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	<u></u>
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN' DOWNHOLE COMMINGLE	1305
	tion is ready for OCD inspection after P&A
X All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.	
X Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. X A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR	
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR	
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	
X The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and	
other production equipment. X Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.	
X If this is a one-well lease or last remaining well on lease, the battery and pit location(s) OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, produced the operator of the Operator's pit permit and closure plan.	have been remediated in compliance with
from lease and well location.	
X All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)	
X All other environmental concerns have been addressed as per OCD rules.	
X Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.	
X I hereby certify that the information above is true and complete to the best of my knowl	edge and belief.
When all work has been completed, return this form to the appropriate District office to sch	edule an inspection.
SIGNATURE TITLE Manager of Special Project	ts DATE 12/3/09
Type or print name Don Rogers Con Pogers E-mail address: drogers@crownq	uest.com PHONE: 432 818 0300
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