Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-34610 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE 🖂 STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 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 or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL METT X Samuel Cain OTHER 2. Name of Operator 8. Well No. EnerQuest Resources, LLC 6 3. Address of Operator 9. Pool name or Wildcat P. O. Box 11150, Midland, TX 79702 East Hobbs (San Andres) Well Location Line and 2310 Unit Letter K: 1650 Feet From The South Feet From The _ West Line 18S 39F Lea Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3603 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB X OTHER: OTHER:_ 12. 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. TD 7 7/8" hole @ 4625' KB elev. Circ 2½ hrs & TOH LDDP & DC. Run OH "E" logs. RIH w/114 joints of new 5½" 15.50# K-55 LT&C csg. Ran 4647.42' overall, set @ 4625' KB. Rig up Halliburton to cmt. Cmt csg w/ 285 sks Halliburton Light Premium Plus + 5 lb/sk salt + ¼ lb/sk flocele. Tail in w/300 sks Premium Plus 50/50 Pozmix "A" + 2% gel + 5 lb/sk salt + 0.6% Halad 322 + 10.00 Halad + 10.00 $\frac{1}{4}$ lb/sk flocele. Bumped plug @ 6:30 pm MST 6-04-99. I hereby certify that the information above is true and complete to the best of my knowledge and belief. mue Vice President ____6-07**-**99 SIGNATURE Christopher P. Renaud TYPE OR PRINT NAME TELEPHONE NO. 915 685-3116 (This space for State Use) SYND FRANK STREET OF HIS APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: