

Submit 1 Copy To Appropriate District Office
District I (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II (575) 748-1283
811 S. First St., Artesia, NM 88210
District III (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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.)		WELL API NO. 30-031-20963
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator ENERDYNE LLC		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 502, ALBUQUERQUE, NM 87103		7. Lease Name or Unit Agreement Name SANTA FE
4. Well Location Unit Letter M : 660 feet from the SOUTH line and 495 feet from the WEST line Section 22 Township 20N Range 9W NMPM County MCKINLEY		8. Well Number 201
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6450' GR		9. OGRID Number 185239
		10. Pool name or Wildcat CHACO WASH MV

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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

7-17-2015 CIRCULATED WELLBORE.

7-18-2015 FILLED CASING FROM TD TO SURFACE WITH 31.50 CU. FT. OF CLASS B CEMENT.

7-19-2015 CLEANED LOCATION.

10-15-2015 PLACED DRY HOLE MARKER.

Approved for plugging of wellbore only.
Liability under bond is retained pending
Receipt of C-103 (Subsequent Report of Well
Plugging) which may be found @ OCD web
page under forms
www.emnrd.state.us/ocd

OIL CONS. DIV DIST. 3

APR 27 2016

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE MANAGING MEMBER DATE 4-24-2016

Type or print name DON L. HANOSH E-mail address: DHANOSH426@GMAIL.COM PHONE: 414-8548

For State Use Only

APPROVED BY: [Signature] TITLE DEPUTY OIL & GAS INSPECTOR DATE 6/29/16

Conditions of Approval (if any):

AV