

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

WELL API NO. <u>30-031-20433</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>SANTA FE PACIFIC</u>
8. Well Number <u>113</u>
9. OGRID Number <u>185239</u>
10. Pool name or Wildcat <u>CHACO WASHN MU</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>6418' GR</u>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <u>ENERGYONE LLC</u>	
3. Address of Operator <u>P.O. BOX 502, ALBUQU, NM 87103</u>	
4. Well Location Unit Letter <u>P</u> : <u>165</u> feet from the <u>SOUTH</u> line and <u>965</u> feet from the <u>EAST</u> line Section <u>21</u> Township <u>20N</u> Range <u>9W</u> NMPM County <u>McKINLEY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>6418' GR</u>	

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 checked="" 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 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.

7-15-19 REMOVE PRODUCTION EQUIPMENT & ACCURATE WELLBORE.
7-16-19 FILL WELLBORE FROM TD TO SURFACE WITH 26.3 CU. FT. OF CRASS B CEMENT.
7-17-19 CLEAN LOCATION & PLACE OIL HOLE MARKER.

Spud Date:		Rig Release Date:	Notify NMOCD 24 hrs prior to beginning operations
------------	--	-------------------	---

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

SIGNATURE <u>[Signature]</u>	TITLE <u>MANAGING MON</u>	DATE <u>6/4/19</u>
Type or print name <u>DON L. DANISH</u>	E-mail address: <u>DANISH1426 @</u>	PHONE: <u>505-414-6548</u>
For State Use Only		
APPROVED BY: <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT #3</u>	DATE <u>NMOCD 7/9/19</u>
Conditions of Approval (if any):		

Notify NMOCD 24 hrs prior to beginning operations

JUN 07 2019

DISTRICT III

SFP 113 WELLBORE DIAGRAM

30-031-20433

165' FSL AND 965' FEL

P, SEC. 21, T20N, R9W

