Submit I Copy To Appropriate District Office	State of New Me:		Form C-103 Revised July 18, 2013						
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District ∄</u> – (575) 748-1283 &11 S. First St., Artesia, NM 88210	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		WELL API NO. 30-045-35504 5. Indicate Type of Lease						
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	1220 South St. Fran Santa Fe, NM 87		STATE FEE 6. State Oil & Gas Lease No. NMNM18463						
87505 SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC		7. Lease Name or Unit Agreement Name CHACO 2308 14E							
PROPOSALS.) 1. Type of Well: Oil Well	8. Well Number 152H								
2. Name of Operator ENDURING RESOURCES IV LL	9. OGRID Number 372286								
3. Address of Operator 200 Energy Ct Farmington NM 874			10. Pool name or Wildcat NAGEEZI GL						
4. Well Location									
Section 14 Townshi	feet from the <u>N</u> line and 2 p 23N Range 8W NMPM		eWline y SAN JUAN						
Section 14 Fownsmp 23N Raige 8W NNFM County SAN JOAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6889' 6889'									
12. Check A	Appropriate Box to Indicate Na	ature of Notice,	Report or Other Data						
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN							
OTHER:			WELL COMMUNICATION						
	ork). SEE RULE 19.15.7.14 NMAC		d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of						
			NMOCD						
DJR Energy conducted stimulation activ	vity on the following wells:								
Betonnie Tsosie Wash Unit 109H (030-0	045-35515) & Betonnie Tsosie Wash Un	it 728H (030-045-33							
Attached: spreadsheet with affected w	ells due to stimulation activity and gas	sample.	DISTRICT III						
Spud Date: 4/14/14	Rig Release Da	te:							
I hereby certify that the information	above is true and complete to the be	st of my knowledg	e and belief.						
SIGNATURE SACTA	TITLE_ Permit Specialist	DATE_8/	23/19						
Type or print name Lacey Granillo For State Use Only	E-mail address: _lgranillo@en	duringresources.co	om PHONE: _505-636-9743						
APPROVED BY: <u>2</u> Conditions of Approval (if any):	TITGEPERY	ISOR DISTR	DATE 9/9/19						

A

AFFECTED WELL NAME	APi	AFFECTED DATE	COMMUNICATION VOLUME	HIGHEST PRESSURE OBSERVED	STANDARD OPERATING PRESSURE	RESULTS OF COMMUNICATION	RESULTS OF INVESTIGATION CONDUCTED	STIMULATION WELL
Chaco 2308 14E 151H	30-045-35503	8/20/2019	 	344 PSI On Tubing 8/23/19 Shut In Pressure		Decreased oil production, increased gas rate		Betonnie Tsosie Wash Unit #109H, 728H
Chaco 2308 14E 152H	30-045-35504	8/20/2019		377 PSI On Tubing 8/22/19 Shut In Pressure	Average Tubing: 100 PSI Casing: 420 PSI	Decreased oil production, increased gas rate		Betonnie Tsosie Wash Unit #109H, 728H

4

•