Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 88240	Distribution and a succession and a succ			WELL API NO. 30-031-20647	
Distric* II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
District III	2040 South Pacheco			STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505				LG-	
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 X Gas Well Other				7. Lease Name of STATE	or Unit Agreement Name:
2 Name of Operator				8. Well No.	
ENERDYNE LLC				9. Pool name or Wildcat	
3. Address of Operator P. O. BOX 502, ALBUQUERQUE, NM 87103				CHACO WASH MESAVERDE	
4. Well Location					
Unit Letter B	660 feet from the	NORT	H line and	2310 feet fro	om the <u>EAST</u> line
Section 28			nge 9W	NMPM	County McKINLEY
maganistican transcription of an area from the annual macroscolorists. The abstract of the first an absolute	10. Elevation (Show	whether Di	R, <i>RKB, RT, GR, e</i> B	tc.)	personal recognistic must be such as all the experimental engine in Audio a
11 Check	Appropriate Box to It			Report or Other	Data
NOTICE OF I	NTENTION TO:		SUE	SEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK		v 🔲	REMEDIAL WOF	RK X	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	
OTHER:			OTHER:		
Describe proposed or comp of starting any proposed work or recompilation.	oleted operations. (Clear c). SEE RULE 1103. Fo	ly state all p r Multiple C	pertinent details, and completions: Attack	nd give pertinent da ch wellbore diagran	tes, including estimated date n of proposed completion
WELL BORE WILL BE TREA	ATED AND PLACED I	NTO PROI	DUCTION BY D	ECEMBER 31, 20	00.
WORK IS SCHEDULED TO					
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I hereby certify that the information	on above is true and com	lete to the	est of my knowle	dge and belief.	
			MEMBER		DATE 10-12-00
SIGNATURE	unni-	TITLE_	MUMBLK		
1/pe 0. p	ANOSH, ENERDYNE	LLC		Tele	phone No. 1-505-332-7807
(This space for State use)	D BY CHAPLE T. PERM	AN.	_	MEDICATOR MICT	■ DCT 18200
APPPROVED BY Conditions of approval, if any:	M M 1	_TITL BE	UTY OIL & GAS	INSPECTOR, DIST	DATE