

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505

Form C-103

| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | Well API No. 30-031-20976 | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|----------------------|--|--|---|--|---------------------------------------|---|---------------------------------------|--|---|---|--|---|--|--------------------------------|--|--------------------------------|--|
| 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 Corporation (007248) | | 6. State Oil & Gas Lease No. | | | | | | | | | | | | | | | | | | | | |
| 3. Address of Operator Phone: (505) 332-7807 P. O. Box 502 Albuquerque, New Mexico 87103-0502 | | 7. Lease or Unit Agreement Name: Santa Fe (13698) | | | | | | | | | | | | | | | | | | | | |
| 4. Well Location Unit Letter P ; 265 feet from the South line and 445 feet from the East line Section 21 Township 20N Range 9W NMPM McKinley County | | 8. Well Number 205 | | | | | | | | | | | | | | | | | | | | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6423' GR | | 9. Pool Name or Wildcat Chaco Wash Mesaverde 11930 | | | | | | | | | | | | | | | | | | | | |
| 11. Check Appropriate box to Indicate Nature of Notice, Report, or Other Data | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"><thead><tr><th colspan="2">NOTICE OF INTENTION TO:</th><th colspan="2">SUBSEQUENT REPORT OF</th></tr></thead><tbody><tr><td>Perform Remedial Work <input type="checkbox"/></td><td>Plug and Abandon <input type="checkbox"/></td><td>Remedial Work <input type="checkbox"/></td><td>Alter Casing <input type="checkbox"/></td></tr><tr><td>Temporary Abandon <input checked="" type="checkbox"/></td><td>Change Plans <input type="checkbox"/></td><td>Commence Drilling <input type="checkbox"/></td><td>Plug & Abandonment <input type="checkbox"/></td></tr><tr><td>Pull or Alter Casing <input type="checkbox"/></td><td></td><td>Casing Test & Cement <input type="checkbox"/></td><td></td></tr><tr><td>Other <input type="checkbox"/></td><td></td><td>Other <input type="checkbox"/></td><td></td></tr></tbody></table> | | | NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF | | Perform Remedial Work <input type="checkbox"/> | Plug and Abandon <input type="checkbox"/> | Remedial Work <input type="checkbox"/> | Alter Casing <input type="checkbox"/> | Temporary Abandon <input checked="" type="checkbox"/> | Change Plans <input type="checkbox"/> | Commence Drilling <input type="checkbox"/> | Plug & Abandonment <input type="checkbox"/> | Pull or Alter Casing <input type="checkbox"/> | | Casing Test & Cement <input type="checkbox"/> | | Other <input type="checkbox"/> | | Other <input type="checkbox"/> | |
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| Pull or Alter Casing <input type="checkbox"/> | | Casing Test & Cement <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Other <input type="checkbox"/> | | Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 12. Describe Proposed or Completed Operations, (Clearly state all details and show pertinent dates, including estimated date of starting any proposed work) See RULE 1103. | | | | | | | | | | | | | | | | | | | | | | |
| <p>We desire to Temporary Abandon this well for the maximum time period.</p> <p>A Casing Integrity Test will be conducted as required.</p> <p>T.D. 357' PBD 347'. Casing: 4-1/2" set @ 349' Perforated: 329-335'. Tubing: 2-3/8" @ 336'.</p> | | | | | | | | | | | | | | | | | | | | | | |

RECEIVED
JUL 10 1996
OIL CON. DIV.
DIST. 3

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

Signature *A. R. Kendrick* Title Agent Date _____

Type or Print Name A. R. Kendrick Telephone Number (505) 334-2555

Approved By *Johnny Robinson* Title DEPUTY OIL & GAS INSPECTOR, DIST. 43 Date JUL 10 1996

Conditions of Approval, if any:

* Prior to 9-26-96

* Notify OGD in time to witness