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

Form C-103

| Well API No. |
| --- |
| 30-031-20976 |

5. Indicate Type of Lease
STATE ☐  FEE ☑

6. State Oil & Gas Lease No.

### 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.)

7. Lease or Unit Agreement Name:

Santa Fe (13698)

1. Type of Well:
Oil Well ☑    Gas Well ☐    Other

2. Name of Operator
Enerdyne Corporation (007248)

8. Well Number
205

3. Address of Operator    Phone: (505) 332-7807
P. O. Box 502
Albuquerque, New Mexico 87103-0502

9. Pool Name or Wildcat
Chaco Wash Mesaverde 11930

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

10. Elevation (Show whether DF, RKB, RT, GR, etc.
6423' GR

11.    Check Appropriate box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

Perform Remedial Work ☐     Plug and Abandon ☐
Temporary Abandon ☐     Change Plans ☐
Pull or Alter Casing ☐
Other _____ ☐

SUBSEQUENT REPORT OF

Remedial Work ☐     Alter Casing ☐
Commence Drilling ☐     Plug & Abandonment ☐
Casing Test & Cement ☐
Other ____ Casing Integrity Test ☑

12. Describe Proposed or Completed Operations, (Clearly state all details and show pertinant dates, including estimated date of starting any proposed work) See RULE 1103.

A Casing Integrity Test was witnessed by a representative of the NMOCD on 9/18/96.

Set tension packer at 300'.

Pressured with water to 500 psi - held for 30 minutes.

We desire to Temporary Abandon this well for the maximum period of time allowed.

**Temporary Abandonment is approved until 9/18/2001**

RECEIVED
OCT 1 0 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 10/10/96
Type or Print Name ____ A. R. Kendrick ____ Telephone Number (505) 334-2555
Approved By _____ Title Deputy Oil & Gas Inspector Date 10-11-96
Conditions of Approval, if Any: