

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.
30-025-21717 ✓

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-9659

7. Lease Name or Unit Agreement Name

GRM Unit

8. Well Number: GR#2 ✓

9. OGRID Number
234255

10. Pool name or Wildcat
Gramma Ridge, Morrow

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 ☐ Gas Well ☒ Other: Storage

2. Name of Operator
Enstor Grama Ridge Storage and Transportation, LLC

3. Address of Operator
203929 State Highway 249, Suite 400, Houston, TX 77070

4. Well Location

Unit Letter L : 1980' feet from the South line and 660' feet from the West line
Section 34 Township 21S Range 34E NMPM County: Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3630 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☒

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.

Casing Test (MIT) on 7-11-2014
See attached.

Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE DIRECTOR, LAND & REGULATORY DATE 8/8/14

Type or print name NICK NICODEMUS E-mail address: nick.nicodemus@enstorinc.com PHONE: 281-374-3089
For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 8/17/2014
Conditions of Approval (if any):

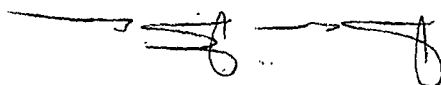
FOR RECORD ONLY

AUG 21 2014

FOR RECORD ONLY

Company _____		
Lease _____		
Date of Test _____		
Packer Stroke _____	mode _____	depth _____
Tubing Pressure: 0 min _____	15 min _____	30 min _____
Casing Pressure: 0 min _____	15 min _____	30 min _____
Surf Csg Pressure: 0 min _____	15 min _____	30 min _____
lb string _____	hr chrt _____	hr clock _____
Service Company: _____		
Driver/Supervision: _____		
Company Representative: _____		
RRC Required: Y N		Witnessed by RRC Y N

5-17 41-11-4



7-11-14 5-17

Paul Hogg Oct 11/9