

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 August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-28695
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ENDEAVOR ENERGY RESOURCES, LP		6. State Oil & Gas Lease No. B-11078
3. Address of Operator 110 N. MARIENFELD STREET, SUITE 200 MIDLAND, TEXAS 79710		7. Lease Name or Unit Agreement Name N.C. STATE
4. Well Location Unit Letter A : 1320 feet from the NORTH line and 660 feet from the EAST line Section 3 Township 16S Range 32E NMPM County LEA		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3819' GR		9. OGRID Number 190595
		10. Pool name or Wildcat WOLFCAMP

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: MIT ☒

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.

ANNUAL UIC TEST. ATTACHED IS A COPY OF THE CHART 10/15/2014.

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 REGULATORY ANALYST DATE 10/16/2014

Type or print name JAN SOUTH E-mail address: JSOUTH@EERONLINE.COM PHONE: (432)687-1575

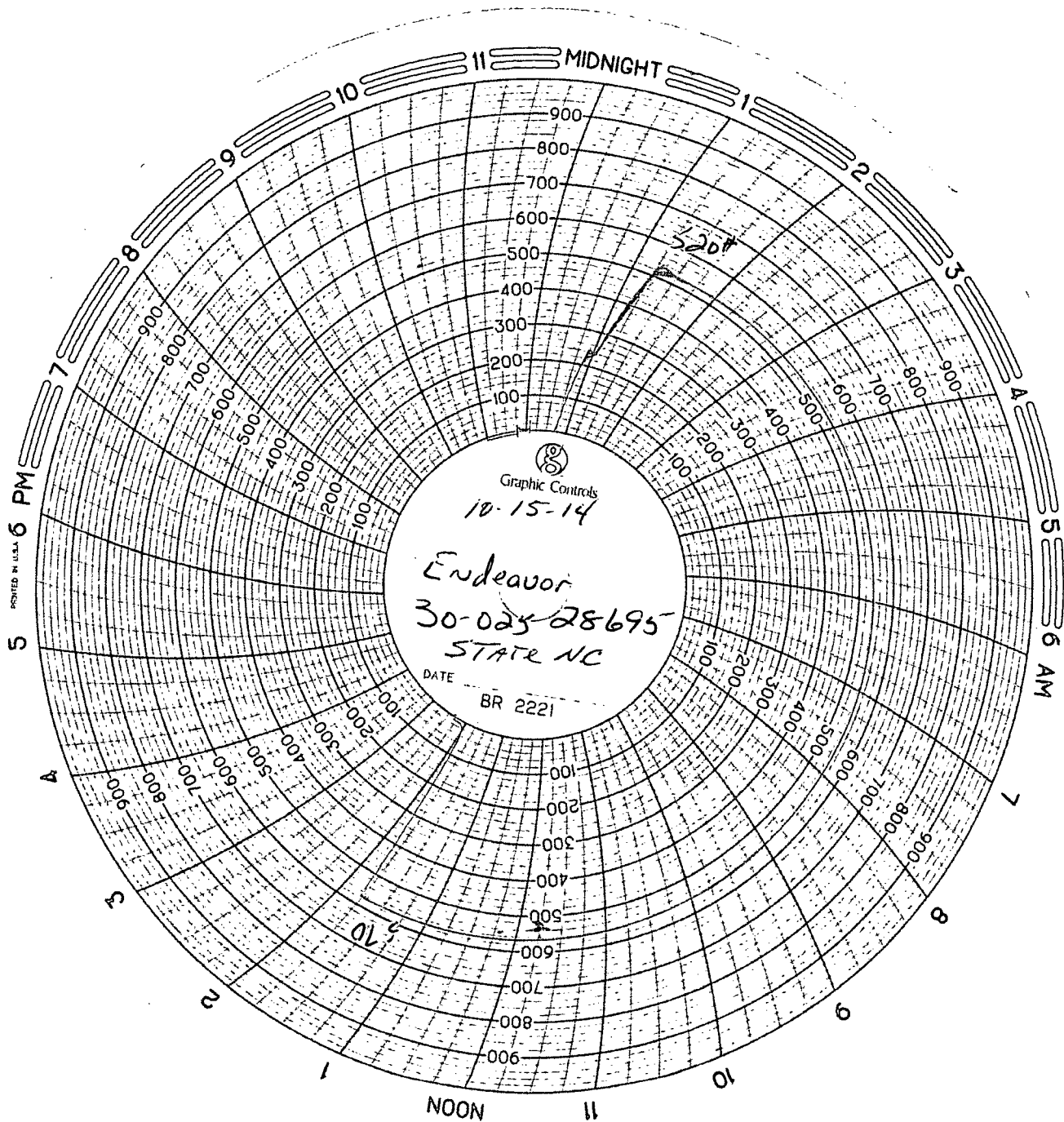
For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/17/2014

Conditions of Approval (if any):

FOR RECORD ONLY

OCT 27 2014



BS 10/17/2014

FOR RECORD ONLY

4

CHART RECORDER
CALIBRATED TO 1000 PSI 4-22-14
SER #663678

DATE OF MIT 10-15-14
ENDEAVOR ENERGY RESOURCES
STATE NC SWD #1
John Zimmerman
ASSISTANT PRODUCTION FOREMAN

RECORDING EQUIPMENT OPERATOR
GANDY CORP, TATUM, NM
B. Simpson
10-15-14

RECEIVED

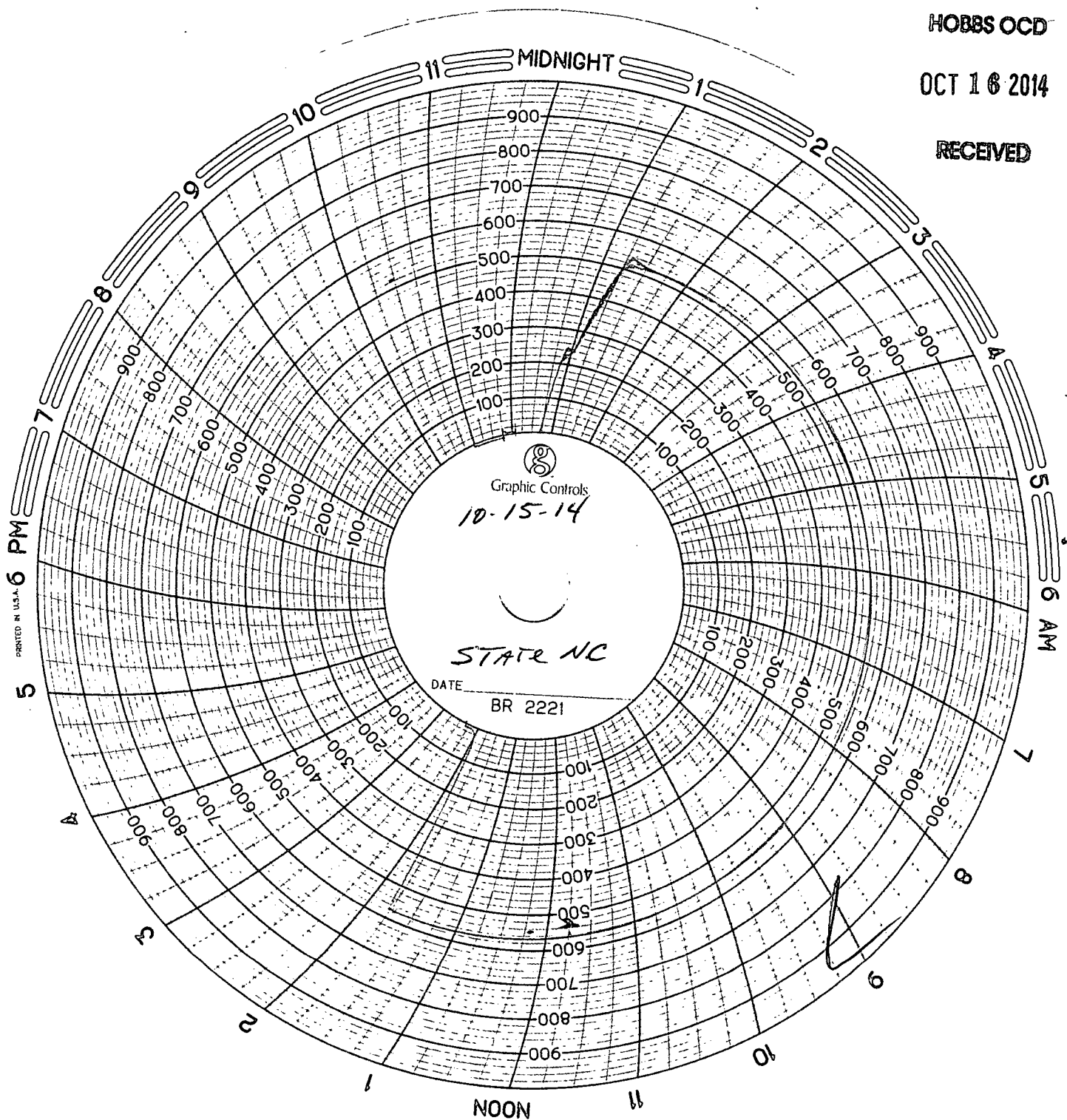


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