

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

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-21336
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-9141
7. Lease Name or Unit Agreement Name GR Unit
8. Well Number 01
9. OGRID Number 234255
10. Pool name or Wildcat Grama 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 Transportation and Storage, LLC

3. Address of Operator
10375 Richmond Ave., Suite 1900, Houston, TX 77042

4. Well Location
Unit Letter E : 1980 feet from the North line and 660 feet from the West line
Section 3 Township 22S Range 34E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,664' GL

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.

Pressure Test (MIT) on 8/15/2019
See attached.

Spud Date:

Rig Release Date:

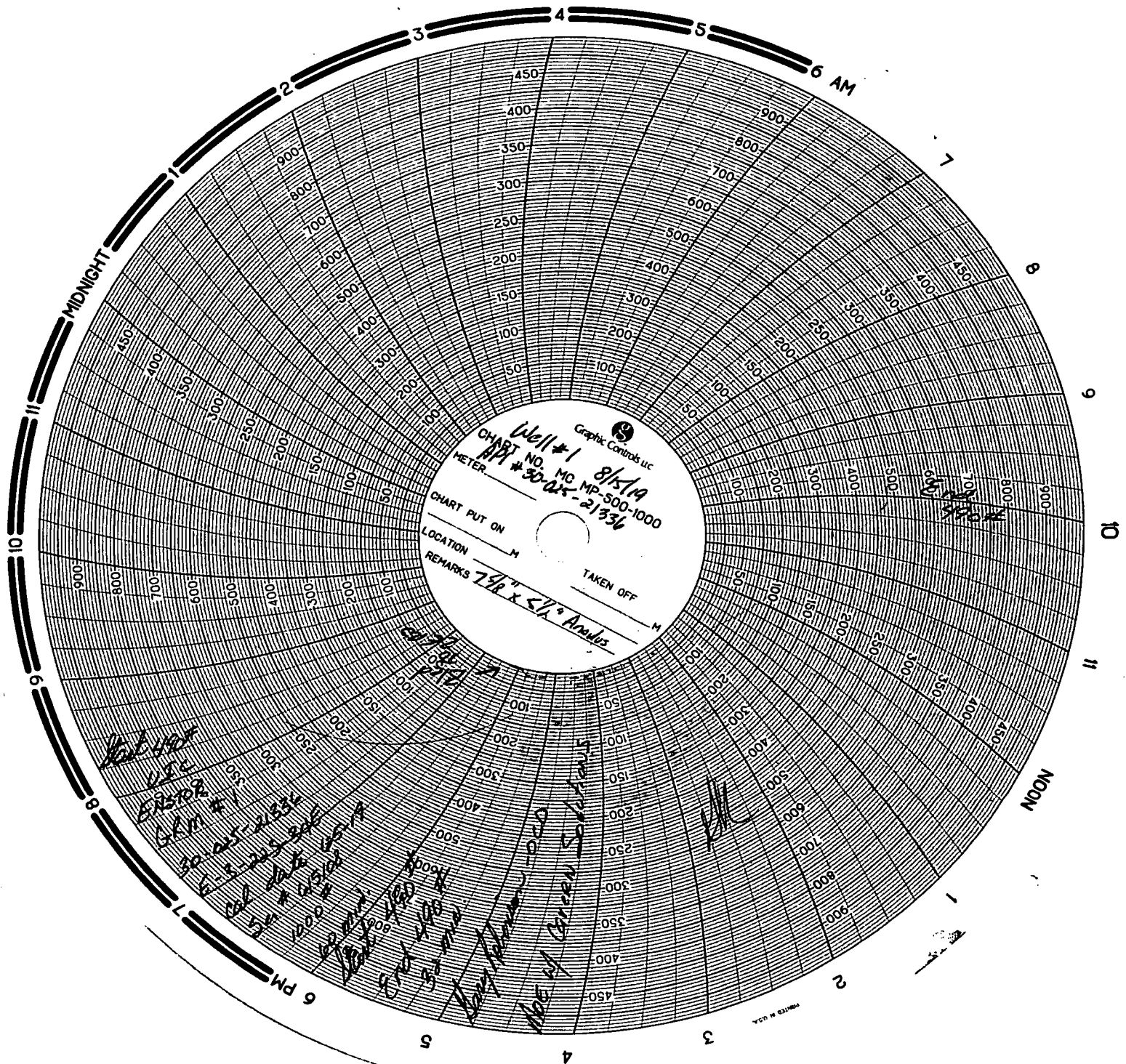
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Director of Compliance DATE 09/06/2019

Type or print name Todd Cash E-mail address: todd.cash@enstorinc.com PHONE: (281) 374-3085
For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 9-10-19
Conditions of Approval (if any):

CAVERN SOLUTIONS, INC.



District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name ENSTOR	API Number 30-025-21336
Property Name GRM	Well No. #1

Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet from	E/W Line	County
E	3	22S	34E		1980	N	660	W	LEA

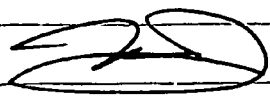

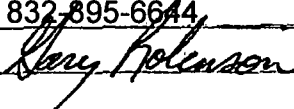
Well Status									
TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE	
YES	NO	YES	NO	INJ	SWD	OIL	GAS	8-15-19	

Gas Storage

OBSERVED DATA

	(A) Surface	(B) Interm 1	(C) Interm 2	(D) Prod Casing	(E) Tubing
Pressure	0	0	N/A	0	3582
Flow Characteristics					
Pull	Y	Y	Y / N	Y	CO2 —
Steady Flow	Y	Y	Y / N	Y	WTR —
Surges	Y	Y	Y / N	Y	GAS —
Down to nothing	Y	Y	Y / N	Y	Type of fluid injected for washover if applicable
Gas or Oil	Y	Y	Y / N	Y	
Water	Y	Y	Y / N	Y	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: 	OIL CONSERVATION DIVISION
Printed name: Moe Jambon	Entered into RBDMS
Title: Field Supervisor	Re-test 
E-mail Address: whitney@cavernsolutions.com	
Date: 8/15/19	
Phone: 832-895-6644	
Witness: 	

INSTRUCTIONS ON BACK OF THIS FORM