

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

P. 2/23
Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-0088

WELL API NO.
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. LG 5209
7. Lease Name or Unit Agreement Name Tw4 (Enhanced Recovery) Unit
8. Well No. 14 Karen State
9. Pool name or Wildcat Chinle

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.)

Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER	Name of Operator Enercap Corporation
Address of Operator 16945 Northchase. Ste. 1700, Houston, TX 77060	Well Location Unit Letter N : 330 Feet From The S Line and 2310 Feet From The W Line
Section 8 Township 11N Range 26E NMPM Guadalupe County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4777.0 Gr

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
WELL OR ALTER CASING ☐	OTHER: ☐	CASING TEST AND CEMENT JOB ☐	OTHER: ☐

2. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6419 MIRU Mack's Drilling, Fill bore with water, spot 20' surface plug, install dry hole marker, clean location

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

SIGNATURE Ramon Elias TITLE V. P. of Operations DATE 7/15/92
(713)
TELEPHONE NO. 876-0170

(This space for State Use)

APPROVED BY Ry E. [Signature] TITLE DISTRICT SUPERVISOR DATE 7-27-92
CONDITIONS OF APPROVAL, IF ANY: