

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. 30-031-20963
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SANTA FE
8. Well Number 201
9. OGRID Number 185239
10. Pool name or Wildcat CHACO WASH MV

**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

2. Name of Operator  
ENERDYNE LLC

3. Address of Operator  
P.O. BOX 502, ALBUQUERQUE, NM 87103

4. Well Location  
 Unit Letter M : 660 feet from the SOUTH line and 495 feet from the WEST line  
 Section 22 Township 20N Range 9W NMPM County MCKINLEY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
6450' GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

7-17-2015 CIRCULATED WELLBORE.

7-18-2015 FILLED CASING FROM TD TO SURFACE WITH 31.50 CU. FT. OF CLASS B CEMENT.

7-19-2015 CLEANED LOCATION.

10-15-2015 PLACED DRY HOLE MARKER.

Approved for plugging of wellbore only.  
 Liability under bond is retained pending  
 Receipt of C-103 (Subsequent Report of Well  
 Plugging) which may be found @ OCD web  
 page under forms  
 www.emnrd.state.us/oed

OIL CONS. DIV DIST. 3

APR 27 2016

Spud Date:

*PNR only*

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 MANAGING MEMBER DATE 4-24-2016

Type or print name DON L. HANOSH E-mail address: DHANOSH426@GMAIL.COM PHONE: 414-8548

**For State Use Only**

APPROVED BY: *[Signature]* TITLE DEPUTY OIL & GAS INSPECTOR DATE 6/29/16

Conditions of Approval (if any):

*AV*