

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. | 30-031-20484 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | LG 2779 |
| 7. Lease Name or Unit Agreement Name | STATE |
| 8. Well Number | 6 |
| 9. OGRID Number | 185239 |
| 10. Pool name or Wildcat | CHACO WASH MV |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6422' GR | |

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | |
| 2. Name of Operator ENERDYNE LLC | |
| 3. Address of Operator P.O. BOX 502, ALBUQUERQUE, NM 87103 | |
| 4. Well Location Unit Letter A : 330 feet from the NORTH line and 990 feet from the EAST line Section 28 Township 20N Range 9W NMPM County MCKINLEY | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6422' GR | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|---|
| 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.

9-12-2016 REMOVE PRODUCTION EQUIPMENT & CIRCULATE WELLBORE.

9-13-2016 FILLED WELLBORE FROM TD TO SURFACE WITH 21.50 CU. FT. OF CLASS B CEMENT.

12-24-2016 CLEAN LOCATION & PLACE 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

JAN 30 2017

Spud Date:

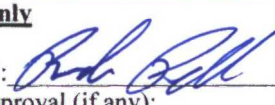
Rig Release Date:

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

SIGNATURE  TITLE MANAGING MEMBER DATE 1-26-2017

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

For State Use Only

APPROVED BY:  TITLE Deputy Oil & Gas Inspector, District #3 DATE 2/2/17

Conditions of Approval (if any):

AY