

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. <i>30-031-05406</i>
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 <i>SANTA FE PACIFIC</i>
8. Well Number <i>3</i>
9. OGRID Number <i>185239</i>
10. Pool name or Wildcat <i>CHACO WASH MO</i>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <i>6785' GR</i>

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
ENERGYNE LLC

3. Address of Operator
P.O. Box 502, ALBUQ., NM 87105

4. Well Location
 Unit Letter *P* : *330* feet from the *SOUTH* line and *660* feet from the *EAST* line
 Section *21* Township *20N* Range *9W* NMPM County *MCKINLEY*

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 checked="" 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 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.

7-20-19 REMOVE PRODUCTION EQUIPMENT & CIRCULATE WELLBORE.
7-21-19 FILL WELLBORE FROM TD TO SURFACE WITH 68.8 Cu. Ft. OF CLASS B CEMENT.
7-22-19 CLEAN LOCATION & PLACE DRY HOLE MARKER.

Spud Date: Rig Release Date: Notify NMOCD 24 hrs prior to beginning operations

NMOCD
 JUN 07 2019

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

SIGNATURE *[Signature]* TITLE *MANAGING MOM* DATE *6/4/19*

Type or print name *DON L DUNOSH* E-mail address: *DUNOSH426@GMAIL.COM* PHONE: *505-414-8548*

APPROVED BY: *[Signature]* TITLE *SUPERVISOR DISTRICT #3* DATE *7/9/19*

Conditions of Approval (if any):
 Notify NMOCD 24 hrs prior to beginning operations

SFP 3 WELLBORE DIAGRAM

30-031-05406

330' FSL AND 660' FEL

P, SEC. 21, T20N, R9W

