

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505

Form C-103

Well API No. 30-031-20969
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-2779
7. Lease or Unit Agreement Name: State (004009)
8. Well Number 301
9. Pool Name or Wildcat Chaco Wash Mesaverde 11930

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO 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 Corporation (007248)
3. Address of Operator Phone: (505) 332-7807 P. O. Box 502 Albuquerque, New Mexico 87103-0502
4. Well Location Unit Letter <u>G</u> ; <u>1980</u> feet from the <u>North</u> line and <u>1690</u> feet from the <u>East</u> line Section <u>28</u> Township <u>20N</u> Range <u>9W</u> NMPM <u>McKinley</u> County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6426' GR
--

11. 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"/>	Remedial Work <input type="checkbox"/>
Temporary Abandon <input type="checkbox"/>	Commence Drilling <input type="checkbox"/>
Pull or Alter Casing <input type="checkbox"/>	Casing Test & Cement <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>
	Casing Integrity Test <input checked="" type="checkbox"/>

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

A Casing Integrity Test was witnessed by a representative of the NMOCD on 9/19/96.
Set tension packer at 330'.
Pressured with water to 600 psi - pressure dropped to 400 psi in 20 minutes. Test failed.
Well will be plugged and abandoned.

RECEIVED
OCT 10 1996

OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Signature <u>A. R. Kendrick</u>	Title <u>Agent</u>	Date <u>10/10/96</u>	
Type or Print Name <u>A. R. Kendrick</u>	Telephone Number <u>(505) 334-2555</u>		
Approved By <u>James Carlson</u>	Title <u>Deputy Oil Inspector</u>	Date <u>10-11-96</u>	

Conditions of Approval, if Any:
This well will have to be repaired & retested prior to Dec 14, 1996