

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

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"/>		WELL API NO. 30-031-20976
2. Name of Operator ENERDYNE LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P.O. BOX 502, ALBUQUERQUE, NM 87103		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>P</u> : <u>265</u> feet from the <u>SOUTH</u> line and <u>445</u> feet from the <u>EAST</u> line Section <u>21</u> Township <u>20N</u> Range <u>9W</u> NMPM County <u>MCKINLEY</u>		7. Lease Name or Unit Agreement Name SANTA FE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6423' GR		8. Well Number 205
		9. OGRID Number 185239
		10. Pool name or Wildcat CHACO WASH MV

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

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

8-24-2015 REMOVED PRODUCTION EQUIPMENT & CIRCULATED WELLBORE.

8-25-2015 FILLED CASING FROM TD WITH 24.60 CU. FT. OF CLASS B CEMENT.

8-27-2015 FILLED CASING TO SURFACE WITH 6.60 CU. FT. OF CLASS B CEMENT. CLEANED LOCATION.

10-15-2015 PLACED DRY HOLE MARKER.

OIL CONS. DIV DIST. 3

APR 27 2016

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

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):
A