

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>30-031-20077</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>106</i>
9. OGRID Number <i>185239</i>
10. Pool name or Wildcat <i>CHACO WASH MU</i>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <i>6571' 6K</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
ENERGYONE LLC

3. Address of Operator
P.O. Box 502, ALBUQ, NM 87103

4. Well Location
 Unit Letter *M* : *160* feet from the *SOUTH* line and *165* feet from the *WEST* line
 Section *22* 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.

7-25-19 REMOVE PRODUCTION EQUIPMENT & CIRCULATE WELLBORE.
7-26-19 FILL WELLBORE FROM TD TO SURFACE WITH 29.08 Cu. Ft. OF CLASS B Cement.
7-27-19 CLEAN LOCATION & PLACE SLY 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 *MANAGER/MAN* DATE *6/4/19*

Type or print name *Don L. Dwyer* E-mail address: *DHAWDS11426@* PHONE: *505-414-6012* *Cell 8548*

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

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

JUN 07 2019
DISTRICT III *2*

SFP 106 WELLBORE DIAGRAM

30-031-20077

160' FSL AND 165' FWL

M, SEC. 22, T20N, R9W

