

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
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-031-20433
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 SANTA FE PACIFIC
8. Well Number 113
9. OGRID Number 185239
10. Pool name or Wildcat CHACO WASH MU

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, ALBUQU, NM 87103

4. Well Location
 Unit Letter **P** : **165** feet from the **SOUTH** line and **965** feet from the **EAST** line
 Section **21** Township **20N** Range **9W** NMPM County **McKINLEY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6418' 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 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.

7-15-19 REMOVE PRODUCTION EQUIPMENT @ IKKURATE WELLBORE.
7-16-19 FILL WELLBORE FROM TD TO SURFACE WITH 26.3 CU. FT. OF CRASS B CEMENT.
7-17-19 CLEAN LOCATION & PLACE OIL HOLE MARKER.

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

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

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

Type or print name DON L HANSEN E-mail address: DHANSEN426@ PHONE: 505-414-

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

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

JUN 07 2019
 DISTRICT III 2

SFP 113 WELLBORE DIAGRAM

30-031-20433

165' FSL AND 965' FEL

P, SEC. 21, T20N, R9W

