State of New Mexico Energy, Minerals and Natrual Resources Department

Oil Conservation Division

2040 South Pacheco Street Santa Fe, New Mexico 87505

We	II API No.		······································	
	30-03	31-2	0857	
5.	Indicate Type	e of L	ease	
	STATE	•	FEE	

	6. State Oil & Gas Lease No. LG-2779					
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.)	7. Lease or Unit Agreement Name:					
1. Type of Well:						
Oil Gas Well Other	State (004009)					
2. Name of Operator	8. Well Number					
Enerdyne Corporation (007248)	028					
3. Address of Operator Phone: (505) 332-7807	9. Pool Name or Wildcat					
P. O. Box 502 Albuquerque, New Mexico 87103-0502	C1 W 1 35					
4. Well Location	Chaco Wash Mesaverde 11930					
I I I I I I I I I I I I I I I I I I I	feet from the East line					
Section <u>28</u> Township <u>20N</u> Range <u>9W</u> NMPI	1 <u>McKinley</u> County					
10. Elevation (Show whether DF, RKB, RT, GR, etc. 6422' GR						
11. Check Appropriate box to Indicate Nature of Notice, Report NOTICE OF INTENTION TO: SUBSE	rt, or Other Data					
Perform Remedial Work Plug and Abandon Remedial Work	QUENT REPORT OF Alter Casing					
Temporary Abandon Change Plans Commence Drilling	Plug & Abandonment					
Pull or Alter Casing Casing Test & Cement	H riog & Abandonnient					
OtherOther	and the state of t					
12 Describe Describe Country (C)						
12. Describe Proposed or Completed Operations, (Clearly state all details and sho estimated date of starting any proposed work) See RULE 1103.	w pertinant dates, including					
	DECEMBE					
We desire to Temporary Abandon this well for the maximum time pe	riod A					
A Cooling Trate major Trate majet to a second to the secon	JUL 1 0 1996 LY					
A Casing Integrity Test will be conducted as required.						
	OIL COM. DAY.					
T.D. 340', PBTD 338'. Casing: 4-1/2" set @ 340' Perforated 310-331'. Tubing: 2-3/8" 309'						

I hereby certify that the info	omation above is true and complete	to the best of my knowledge a	and belief.
Signature A Ker	ulliele Title	Agent	Date
Type or Print Name	A. R. Kendrick	Telephone Number	(505) 334-2555
Approved By Conditions of Approval, if An	Robusson Title DEPUTY O	il & gas inspector, dist. #3	DateJUL1_0_1996
	y:		—

* Notify OCD in time to witness