

Submit 1 Copy To: **Administrative Services**
 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. **30-031-20433**

5. Indicate Type of Lease
 STATE ☐ FEE ☒

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
ENERGYDYN LLC

3. Address of Operator
12812 PINK SE, ALBUQU, NM 87123

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 **MCK**

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☒
 CASING/CEMENT JOB ☐

OTHER: ☐

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.

SEE ATTACHED

Spud Date:

Rig Release Date:

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

SIGNATURE **[Signature]**
 Type or print name **DON L DANDON**
 For State Use Only

TITLE **MANAGING MEMBER** DATE **4/30/24**
 E-mail address **DANDON426@GMAIL.COM** PHONE: **505 414 8548**

APPROVED BY:

Conditions of Approval (if any):

TITLE

DATE

2-21-2024 REMOVED PRODUCTION EQUIPMENT AND CIRCULATED WELLBORE.

3-20-2024 FILLED WELLBORE FROM TD TO 35' FROM SURFACE WITH 25 SACKS OF CLASS "B" CEMENT.

4-24-2024 FILLED WELLBORE FROM 35' FROM SURFACE TO SURFACE WITH 3 CU. FT. OF CLASS "B" CEMENT.

4-25-2024 PLACED DRY HOLE MARKER AND CLEANED LOCATION.

SFP 113 PLUGGED WELLBORE DIAGRAM

30-031-20433

165' FSL AND 965' FEL

P, SEC. 21, T20N, R9W

4" PIPE DRY HOLE MARKER

28 CU. FT. CLASS "B" CEMENT



ELEVATION: 6418' GR

HOLE SIZE: 6.25"

CASING: 4.5", 10.5#, 306'
SURFACE TO TD

CEMENT: SURFACE TO
TD, 12 CU. FT.

OPEN HOLE: 306'-316' GR

TD: 500' GR, PLUG BACK
316' GR

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator Henry S. Birdseye	
Address P. O. Box 537; Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____ This is a change in the name of the operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. <u>13</u>	Pool Name, including Formation Chaco Wash Mesaverde	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter	P	165	Feet From The	South
Line of Section	21	Township	20N	Range
			9W	, NMPM, McKinley
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	P	21
	Twp.	20N
	Rge.	9W
Is gas actually connected?	When	
No		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2/5/75	4/1/75		500		316			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6418 GR 6421 Rt	Menefee		306		306			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
6 1/2	4 1/2" 10.50#		306		10			
	2 3/8 EUE		306					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/1/75	4/3/75	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	0	0	open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	5	20	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Choke Size

Submit 1 Copy To: **Administrative Services**
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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. 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
ENERDYNE LLC

3. Address of Operator
12812 PINK SE, ALBUQ, NM 87123

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 **MCK**

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 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 checked="" 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.

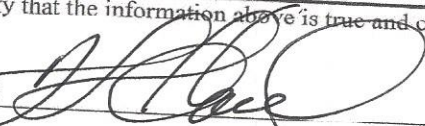
SEE ATTACHED

Spud Date:

Rig Release Date:

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

SIGNATURE



TITLE

MANAGING MEMBER

DATE

4/30/24

Type or print name
 For State Use Only

DON L DANDEN

E-mail address

DANDEN426@GMAIL.COM

PHONE:

505 414 8548

APPROVED BY:

Conditions of Approval (if any):

TITLE

DATE

2-21-2024 REMOVED PRODUCTION EQUIPMENT AND CIRCULATED WELLBORE.

3-20-2024 FILLED WELLBORE FROM TD TO 35' FROM SURFACE WITH 25 SACKS OF CLASS "B" CEMENT.

4-24-2024 FILLED WELLBORE FROM 35' FROM SURFACE TO SURFACE WITH 3 CU. FT. OF CLASS "B" CEMENT.

4-25-2024 PLACED DRY HOLE MARKER AND CLEANED LOCATION.

SFP 113 PLUGGED WELLBORE DIAGRAM

30-031-20433

165' FSL AND 965' FEL

P, SEC. 21, T20N, R9W

4" PIPE DRY HOLE MARKER

28 CU. FT. CLASS "B" CEMENT



ELEVATION: 6418' GR

HOLE SIZE: 6.25"

CASING: 4.5", 10.5#, 306'
SURFACE TO TD

CEMENT: SURFACE TO
TD, 12 CU. FT.

OPEN HOLE: 306'-316' GR

TD: 500' GR, PLUG BACK
316' GR

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DISTRIBUTION		
SANTA FE		1
FILE		1
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LAND OFFICE		
TRANSPORTER	OIL	1
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OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator Henry S. Birdseye	
Address P. O. Box 537; Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____ This is a change in the name of the operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. <u>13</u>	Pool Name, including Formation Chaco Wash Mesaverde	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter P	165	Feet From The South	Line and 965	Feet From The East
Line of Section 21	Township 20N	Range 9W	, NMPM, McKinley County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 21	Twp. 20N	Rge. 9W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 2/5/75	Date Compl. Ready to Prod. 4/1/75		Total Depth 500		P.B.T.D. 316			
Elevations (DF, RKB, RT, GR, etc.) 6418 GR 6421 Rt	Name of Producing Formation Menefee		Top Oil/Gas Pay 306		Tubing Depth 306			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
6 1/2	4 1/2" 10.50#		306		10			
	2 3/8 EUE		306					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/1/75	Date of Test 4/3/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size open
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 20	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Choke Size

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Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-031-20433
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator ENERDYNE LLC		6. State Oil & Gas Lease No.
3. Address of Operator 12812 PINK SE, ALBUQ, NM 87123		7. Lease Name or Unit Agreement Name SANTA FE PACIFIC
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 MCK		8. Well Number 113
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6418' GR		9. OGRID Number 185239
		10. Pool name or Wildcat CHACO WASH MU

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.

SEE ATTACHED

Spud Date:

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

4/30/24

Type or print name
For State Use Only

DON L DANDEN

E-mail address

DANDEN426@GMAIL.COM

PHONE:

505 414 8548

APPROVED BY:

Conditions of Approval (if any):

TITLE

DATE

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30-031-20433

165' FSL AND 965' FEL

P, SEC. 21, T20N, R9W

4" PIPE DRY HOLE MARKER

28 CU. FT. CLASS "B" CEMENT



ELEVATION: 6418' GR

HOLE SIZE: 6.25"

CASING: 4.5", 10.5#, 306'
SURFACE TO TD

CEMENT: SURFACE TO
TD, 12 CU. FT.

OPEN HOLE: 306'-316' GR

TD: 500' GR, PLUG BACK
316' GR

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DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator Henry S. Birdseye	
Address P. O. Box 537; Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. <u>13</u>	Pool Name, including Formation Chaco Wash Mesaverde	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter P	165	Feet From The South	Line and 965	Feet From The East
Line of Section 21	Township 20N	Range 9W	, NMPM, McKinley County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 21	Twp. 20N	Rge. 9W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 2/5/75	Date Compl. Ready to Prod. 4/1/75		Total Depth 500		P.B.T.D. 316			
Elevations (DF, RKB, RT, GR, etc.) 6418 GR 6421 Rt	Name of Producing Formation Menefee		Top Oil/Gas Pay 306		Tubing Depth 306			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
6½	4½" 10.50#		306		10			
	2 3/8 EUE		306					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/1/75	Date of Test 4/3/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size open
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 20	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Choke Size

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Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 340771

CONDITIONS

Operator: ENERDYNE, LLC 12812 PIRU S.E. Albuquerque, NM 87123	OGRID: 185239
	Action Number: 340771
	Action Type: [C-103] Sub. Plugging (C-103P)

CONDITIONS

Created By	Condition	Condition Date
mkuehling	well plugged 4/25/2024 - submit C103Q	5/28/2024