

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NM27278

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
McLean

2. Name of Operator
ENDURANCE RESOURCES, LLC

9. API Well No.
30-015-045749

3a. Address
PO BOX 1466 ARTESIA, NM 88211

3b. Phone No. (include area code)
505-308-0722

10. Field and Pool or Exploratory Area
LEO; 7RVRS-QN-GBSA

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2310' FSL & 330' FEL SEC 27 T18S R30E

11. Country or Parish, State
EDDY COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations: If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

9/15/2011 MOVE IN RIG UP AND TRY TO UNSEAT THE PUMP. PUMP WAS STUCK. BACKED OFF RODS AND STARTED LAYING DOWN RODS.

9/16/2011 INSTALLED BOP AND CONTINUED STRIPPING TUBING AND RODS OUT OF THE HOLE.

9/19/2011 FINISHED STRIPPING OUT OF HOLE. RIH WITH CIBP AND SET AT 2780'. CIRCULATED HOLE WITH BRINE AND MUD AND SPOTTED 25 SX CALSS C CEMENT ON TOP OF CIBP. POH TO 2041' AND SPOTTED 70 SX CLASS C CEMENT. COVERED 7 RIVERS AND BASE OF THE SALT. SION.

9/20/2011 RIH AND TAG CEMENT AT 1364'. POH AND PICK UP 5 1/2 AD-1 PACKER. RIH AND LOOK FOR HOLE IN CASING. ISOLATED HOLE BETWEEN 617' & 648'. POH TO 373' SET PACKER AND SQUEEZED HOLE WITH 45 SX CLASS C CEMENT. WOC AND TAGGED AT 466'. COVERED 8 5/8" CASING SHOE. POH WITH TUBING AND PERFORATED CASING AT 125'. RIGGED UP ON 5 1/2" CASING AND PUMPED CLASS C CEMENT TO PERFS AT 125' AND UP 5 1/2" X 8 5/8" ANNULUS TO SURFACE. TOOK 125 SX. (SHOULD HAVE TAKEN 35 SX) GOOD CEMENT TO SURFACE WHEN FINISHED. SION.

9/21/2011 PICKED UP 1 JOINT OF TUBING AND TAGGED CEMENT AT 20' FROM SURFACE. RIGGED DOWN AND CUT OFF WELLHEAD. CEMENT WAS APPROX. 5' FROM SURFACE ON THE 5 1/2" X 8 5/8" ANNULUS. FILLED BOTH STRINGS TO SURFACE WITH CALSS C CEMENT AND INSTALLED GROUND LEVEL DRYHOLE MARKER. CUT OFF ANCHORS.

RECLAMATION
DUE 3-18-12

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

RANDY HARRIS
Signature

Title *CREWCHIEF*

Date *10/6/11*

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

Approved by _____ Title _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

OCT 22 2011

11/14/2011

Accepted for record
NMOCD

OK