Office	tate of New Mexico inerals and Natural Resources	Form C-103 Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
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 RECEIVED Santa Fe, NM 87505		30-005-21104
		5. Indicate Type of Lease STATE X FEE
		6. State Oil & Gas Lease No.
		K-4495
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.)		7. Lease Name or Unit Agreement Name New Mexico BX State
1. Type of Well: Oil Well \(\overline{\text{N}} \) Gas Well \(\overline{\text{O}} \) Other		8. Well Number 8
2. Name of Operator Endeavor Energy Energy, LP		9. OGRID Number 05691
3. Address of Operator 110 N. Marienfeld Street, Suite 200		10. Pool name or Wildcat
Midland, Texas 79701		Chaveroo-San Andres
4. Well Location Unit Letter N: 860 feet from the South line and 2230 feet from the West line		
Unit Letter N: 860 feet from the South line and 2230 feet from the West line Section 16 Township 8S Range 33E NMPM County Chaves		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
4382.4' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
		RILLING OPNS. P AND A
		NT JOB
DOWNHOLE COMMINGLE		
OTHER:	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.		
We are asking for and extension.		
We are asking for and extension. I YR, EXTENSION		
Spud Date:	Rig Release Date:	
	<u> </u>	
Thereby certify that the information above is true and	complete to the best of my knowled	lge and belief.
The state of the s		
SIGNATURE JAN HALLIN	TITLE Regulatory Analyst	DATE <u>08/23/2013</u>
Type or print name Jan South	E-mail address: jsouth@ecronli	ne.com PHONE: (432)687-1575
For State Use Only	/ / - /	
APPROVED BY:	THE DISTAGE	DATE 8-28-20 K
Conditions of Approval (if any):		
/ /	•	AUG 28 2013