

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

Form C-103
 Revised August 1, 2011

HOBBS OCN
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
 OCT 04 2013

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Nocaster 19 Federal
8. Well Number 4H
9. OGRID Number 270329
10. Pool name or Wildcat Bell Lake; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3569.9 GR

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
Endurance Resources LLC

3. Address of Operator
203 W Wall Suite 1000 Midland TX 79701

4. Well Location
Unit Letter P : 330 feet from the south line and 660 feet from the east line
Section 19 Township 23S Range 34E NMPM Lea County NM

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 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"/>			
OTHER: Change Pool Designation <input checked="" 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.

Request change of pool designation from Bell Lake; Bone Spring (5130) to Antelope Ridge; Bone Spring, West (2209) Pool ID.

OPER. OGRID NO. 270329
 PROPERTY NO. 40168
 POOL CODE 2209
 EFF. DATE 10-10-2013
 API NO. 30-025-41449

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 M. A. Sirgo III TITLE Engineer DATE 10-2-2013
manny@enduranceresourcesllc.com 432/242-4680
 Type or print name M. A. Sirgo, III E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE OCT 11 2013
 Conditions of Approval (if any): _____

OCT 15 2013