Submit 1 Copy To Appropriate District Office	State of New Mex	xico	Form C-103
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 OBBS Officergy, Minerals and Natural Resources District II – (575) 748-1283		al Resources	Revised August/1, 2011 WELL API NO.
District II ~ (575) 748-1283			30-025-41370
District II ~ (575) 748-1283 811 S. First St., Artesia, NM 88210 District III ~ (505) 334-6178 District III ~ (505) 334-6178 JUL 1 4 2014 1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV ~ (505) 476-3460 Santa Fe, NM 87505			STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM			VB-1506
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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.)			BATTLE AXE FERERAL COM # 2H
1. Type of Well: Oil Well X Gas Well X Other			8. Well Number 2H
2. Name of Operator ENDEAVOR ENERGY RESOURCES, L.F.			9. OGRID Number 190595
3. Address of Operator 110 N. MARIENFELD, SUITE 200			10. Pool name or Wildcat
MIDLAND, TEXAS 79701 4. Well Location			Wildcat G-Oil S253335K
Unit Letter E: 2260 feet from the NORTH line and 380 feet from the WEST line			
Section 2 Township 26S Range 33E NMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Charle Appropriate Pay to Indicate Nature of Natice Deport on Other Date			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT O			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			_
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN			
DOWNHOLE COMMINGLE			<u> </u>
OTHER:	$\overline{\mathbf{X}}$	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.			
INTEND TO USE A CLOSED LOOP SYSTEM.			
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Spud Date: 09/26/2013	Rig Release Da	te:	
		<u> </u>	
I hereby certify that the information N ove is true and complete to the best of my knowledge and belief.			
Thereby certify that the information to	ve is true and complete to the oc	st of my knowledg	e una benen.
SIGNATURE AUX SULL	TITLE Regular	tory Analyst	DATE <u>07/11/2014</u>
Type or print name Jan South E-mail address: JSOUTH@EERONLINE.COM PHONE: (432)684-1575			
For State Use Only			
APPROVED BY: Maluforown TITLE Dist . Superison DATE 7/15/2014			
Conditions of Approval (if any):			JUL 1 5 2014
			VUL 1 0 2014 \