Office Submit 1 Copy 10 Appropriate District	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resourc	es Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-24676 5. Indicate Type of Lease
District 111 - (505) 334-6178	1220 South St. Francis Dr.	STATE STEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	NM68820
1	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICA	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	Federal 19
PROPOSALS.) 1. Type of Well: Oil Well (Gas Well 🔯 Other	8. Well Number I
2. Name of Operator		9. OGRID Number 270329
Endurance Resources LLC		
3. Address of Operator		10. Pool name or Wildcat
P. O. Box 1466 - Artesia, NM 8821	1-1466	SWD – Cherry Canyon
4. Well Location		,
/Unit Letter A; 660 feet fi	rom the North line and 660 feet from the Eastt	line '
Section 19	Township 23S Range	34E NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, G	
12. Check Ap	opropriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INT	ENTION TO:	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
	<u> </u>	EMENT JOB.
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER: M	
		ils, and give pertinent dates, including estimated date
	k). SEE RULE 19.15.7.14 NMAC. For Multip	ole Completions: Attach wellbore diagram of
proposed completion or recor	npletion.	
Please see attached chart for I	MIT test conducted on Sentember 25, 2013, by	Glenn Roberson, Production Superintendent for
	and witnessed by Mr. Mark Whitaker, with NM	
		,
		
Spud Date:	Rig Release Date:	
I hereby certify that the information ab	ove is true and complete to the best of my kno	wledge and belief.
	/,	-
() + +		1 0 0 0 11
SIGNATURE Musty Title Office Manager Production DATE 1-34-3014		
Type or print name RUSTY KLEIN E-mail address: rusty@enduranceresourcesllc.com PHONE: 575-308-0722/575-703-6412		
For State Use Only	' /	
APPROVED BY: Self x	ornand TITLE Staff Wa	wage DATE 9/30/2014
Conditions of Approval (if any):	THE STATE TOTAL	DATE // 30/ 40/7
Continuous of Approval (it ally).		ECORD ONLY 0CT 0 1 2014
	FUR R	ECOKD CHEF OC: U I 2014

