

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

HOBBS OCD
 12/15/2018
 RECEIVED

WELL API NO. 30-025-28876
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM - 743
7. Lease Name or Unit Agreement Name Arco State
8. Well Number 1
9. OGRID Number 190595
10. Pool name or Wildcat Jalmat

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
 Endeavor Energy Resources, LP

3. Address of Operator
 110 N. Marienfeld St., Ste. 200 Midland, TX 79701

4. Well Location
 Unit Letter O : 330 feet from the South line and 1650 feet from the East line
 Section 3 Township 22S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application or Closure
 Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
 Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF II PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>		INT TO PA P&A NR <u>PM</u> P&A R _____		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>		OTHER: <input type="checkbox"/>	
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12-12-17 – Tag existing CIBP @ 3872’ tested csg to 700#. Spotted 25sx cmt. PUH to 3570’ pumped 50bbls mud. PUH to 1800’, spotted 30sx cmt WOC ordered by Mark w/OCD.

12-13-17 – Tag plug @ 1512’ perf csg @ 800 press up to 700# could not sqz perfs. Mark w/OCD okayed to spot 25sx cmt @ 1850’ Put tbg @ 1864’, spotted 25sx cmt tag plug @ 650’.

12-14-17 – Perf csg @ 495’ sqz 165sx cmt, circ to surf. Welded on dry hole marker.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
 Restoration Due By 12-13-2018

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Maureen P. Roberts, Pres. TITLE Owner DATE 12-20-2017

Type or print name Maureen P. Roberts E-mail address: _____ Telephone No. _____
For State Use Only

APPROVED BY: Maureen P. Roberts TITLE P.E.S. DATE 01/08/2018

Conditions of Approval (if any):