

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

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

WELL API NO. 30-005-10122
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-8638
7. Lease Name or Unit Agreement Name LEVICK STATE
8. Well Number 1
9. OGRID Number 190595
10. Pool name or Wildcat TOBAC
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4391' DF

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
ENDEAVORENERGY RESOURCES, LP

3. Address of Operator
110 N. MARIENFELD, STE 200 MIDLAND, TX 79701

4. Well Location
 Unit Letter J: 1980 feet from the SOUTH line and 660 feet from the EAST line
 Section 20 Township 8S Range 33E NMPM CHAVES County

HOBBS OCD
APR 24 2019
RECEIVED

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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	<input checked="" type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>			PMR
OTHER: <input 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.

03/05/19-NOTIFY NMOCD.
 03/06/19-TAGGED CEMENT PLUG@3578'. CASING TESTED GOOD@500#. CIRCULATED 9.5 PPG MLF.
 03/07/19-SPOTTED 40SX 2402'-2302'. WOC&TAGGED@2200'. SPOTTED 40SX FROM 1860'-1760'.
 WOC&TAGGED@1667'. SPOTTED 40SX FROM 436'-336'.
 03/08/19-TAGGED@232'. SPOTTED 10SX 30'-SURFACE. VERIFIEDY CEMENT AT SURFACE.

CUTOFF WELLHEAD, ANCHORS 3' BELOW SURFACE AND INSTALL DRYHOLE MARKER. TURN OVER FOR RECLAMATION.

CLOSED LOOP CONTAINMENT SYSTEM WILL BE USED FOR FLUIDS.

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 [Signature] TITLE SR REGULATORY ANALYST DATE 04/03/19

Type or print name JAN SOUTH E-mail address: JSOUTH@EERONLINE.COM PHONE: (432)685-1575

For State Use Only
 APPROVED BY: Kerry Fortner TITLE Compliance officer A DATE 4-25-19

Conditions of Approval (if any):