

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 July 18, 2013

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

| |
|---|
| WELL API NO. 30-025-21336 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-9141 |
| 7. Lease Name or Unit Agreement Name GR Unit |
| 8. Well Number 01 |
| 9. OGRID Number 234255 |
| 10. Pool name or Wildcat Grama Ridge, Morrow |

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: Storage

2. Name of Operator
Enstor Grama Ridge Transportation and Storage, LLC

3. Address of Operator
10375 Richmond Ave., Suite 1900, Houston, TX 77042

4. Well Location
 Unit Letter E : 1980 feet from the North line and 660 feet from the West line
 Section 3 Township 22S Range 34E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,664' GL

HOBBS OCD
SEP 10 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 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"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: <input checked="" 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.

Pressure Test (MIT) on 8/15/2019
 See attached.

Spud Date: Rig Release Date:

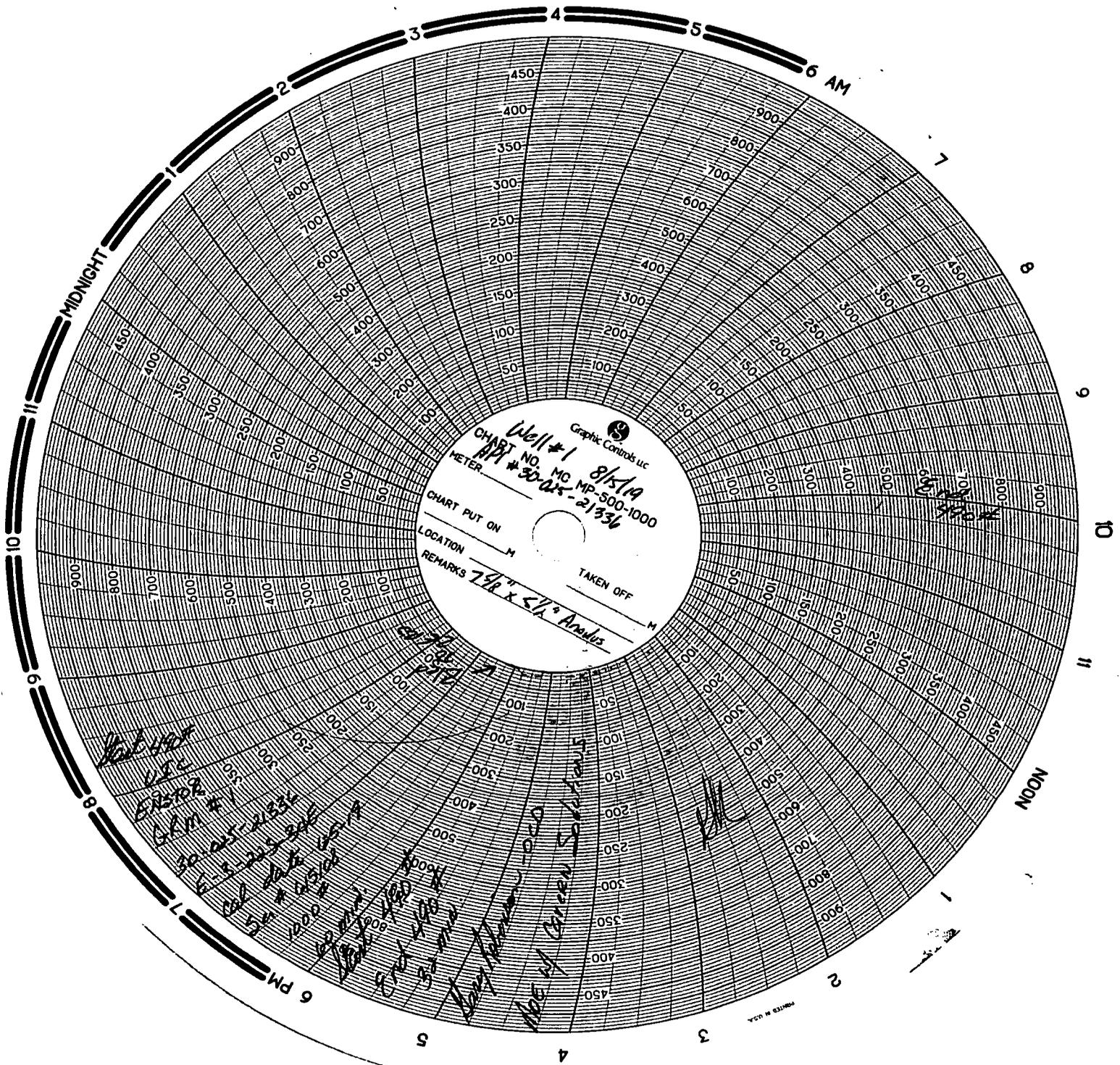
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Director of Compliance DATE 09/06/2019

Type or print name Todd Cash E-mail address: todd.cash@enstorinc.com PHONE: (281) 374-3085
For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 9-10-19
 Conditions of Approval (if any):

CAVERN SOLUTIONS, INC.



CAVERN SOLUTIONS, INC.

11200 Broadway, Suite 2743 • Pearland, TX 77584 • 832.895.6644

CAVERNSOLUTIONS.COM

District I
 1625 N French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

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BRADENHEAD TEST REPORT

| | | |
|--------------------------------|--|-----------------------------------|
| Operator Name ENSTOR | | API Number 30-025-21336 |
| Property Name GRM | | Well No. #1 |

| Surface Location | | | | | | | | | |
|------------------|----------|------------|------------|-------------|----------|------------|----------|------------|--|
| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County | |
| E | 3 | 22S | 34E | 1980 | N | 660 | W | LEA | |

Well Status

| | | | | | | | | | | | | | |
|-----------|-----|----|---------|-----|----|-----|----------|-----|-----|----------|-----|------|----------------|
| TA'D WELL | YES | NO | SHUT-IN | YES | NO | INJ | INJECTOR | SWD | OIL | PRODUCER | GAS | DATE | 8-15-19 |
|-----------|-----|----|---------|-----|----|-----|----------|-----|-----|----------|-----|------|----------------|

Gas Storage

OBSERVED DATA

| | (A)Surface | (B)Interm?1 | (C)Interm?2 | (D)Prod Casing | (E)Tubing |
|----------------------|------------|-------------|-------------|----------------|---|
| Pressure | 0 | 0 | N/A | 0 | 3582 |
| Flow Characteristics | | | | | |
| Pull | Y/N | Y/N | Y/N | Y/N | CO2 <input type="checkbox"/> |
| Steady Flow | Y/N | Y/N | Y/N | Y/N | WTR <input type="checkbox"/> |
| Surges | Y/N | Y/N | Y/N | Y/N | GAS <input type="checkbox"/> |
| Down to nothing | Y/N | Y/N | Y/N | Y/N | Type of fluid injected for Washdown if applicable |
| Gas or Oil | Y/N | Y/N | Y/N | Y/N | |
| Water | Y/N | Y/N | Y/N | Y/N | |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

| | |
|--|----------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: Moe Jambon | Entered into RBDMS |
| Title: Field Supervisor | Re-test |
| E-mail Address: whitney@cavernsolutions.com | |
| Date: 8/15/19 | Phone: 832-895-6644 |
| Witness: | |

INSTRUCTIONS ON BACK OF THIS FORM