Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II	OIL CONSERVATION DIVISION		30-025-28540
1301 W Grand Ave., Artesia, NM 88210 District III	1220 South St. F	rancis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM		STATE FEE
District IV	Suita i e, i i i	0/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	ICES AND REPORTS ON WEL	LS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO			
DIFFERENT RESERVOIR USE "APPL PROPOSALS)	CATION FOR PERMIT" (FORM C-101	) FOR SUCH	
1. Type of Well: Oil Well	Gas Well Other	IANI 2 2 2000	8. Well Number
		JAN 23 2008	1
2. Name of Operator	•	OCD-ARTESIA	9. OGRID Number
Endeavor Energy Resources, LP			190595
3. Address of Operator			10. Pool name or Wildcat
110 N. MARIENFELD, STE. 200	, MIDLAND, TX 79701		Tatum Upper Penn
4. Well Location			
Unit Letter H:2310 feet f	from the North line and 990 feet:	from the East line	
Section 7 Township 13S Range 36E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	4004 GR	, , , , ,	
Pit or Below-grade Tank Application	or Closure 🗌		State State Comment to Extra company of the Comment of the Co
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance 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 INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		REMEDIAL WORK	
TEMPORARILY ABANDON		COMMENCE DRI	<del></del> -
PULL OR ALTER CASING	<del></del>	CASING/CEMENT	
-		9, 1011 10, 02 III 211	, 665
OTHER:	$\boxtimes$	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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompletion.			
Change well name from Harton State #001 to Harton #001			
Change well name from Harton State #001 to Harton #001.			
X1 1			
I hereby certify that the information	above is true and complete to the	e best of my knowledge	e and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
grade tank has been via the constructed o	closed according to MMOCD guidenin	es 🗀, a generai perinit 🗀 (	or an (attached) afternative OCD-approved plan
SIGNATURE ACMILLA	Halen TITLE	REGULATORY ANA	ALYST DATE 1/22/08
Type or print name JENHFER SO	RLEY E-mail	address: Jenifer@eeron	lline.com Telephone No. 432-262-4014
For State Use Only	RECORDS ONLY		•
			<b>JAN 2 4</b> 2008
APPROVED BY:	TITLE		DATE
Conditions of Approval (if any):	•		
OBED	OCEUNA 90595		
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