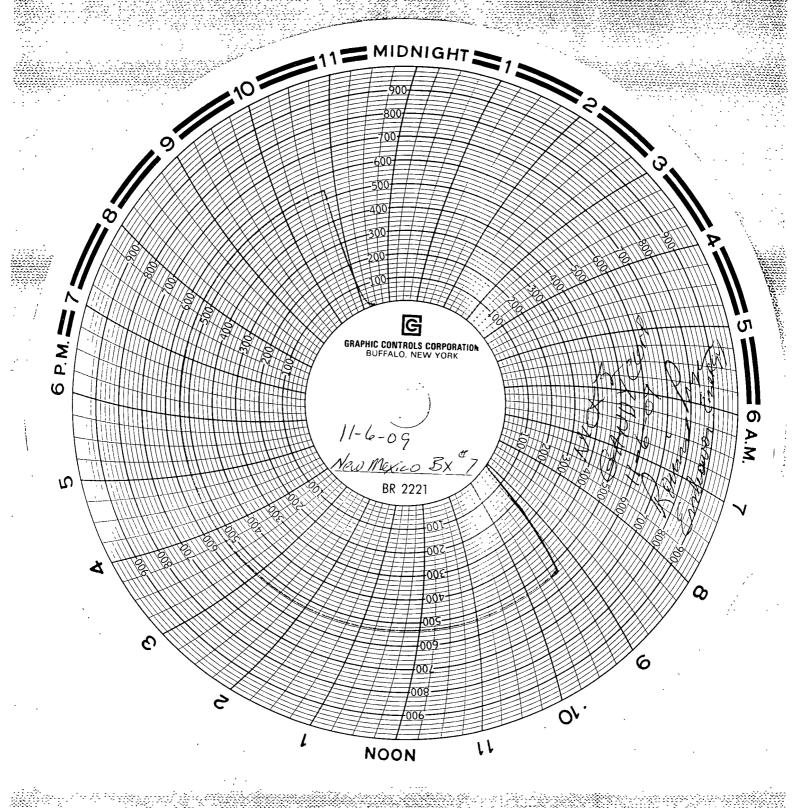
Office District I	State of New Mexico nergy, Minerals and Natural Resources	1 Orm C-103 October 13, 2009
1625 N French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 District III	IL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE X FEE 6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM		
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION F	D REPORTS ON WELLS DRILL OR TO DELPEN OF THE COLUMN TO DELPEN OF THE COLUMN TO DELPEN OF THE COLUMN TO THE COLUMN	7. Lease Name or Unit Agreement Name NEW MEXICO BX STATE
PROPOSALS.) 1. Type of Well: Oil Well X Gas We		8. Well Number 7
2. Name of Operator Endeavor Energy Re-	sources, LP / NAMOCD ARTES	IA). OGRID Number 190595
3. Address of Operator 110 N. Marienfeld. Midland, TX 7970	, Ste 200	10. Pool name or Wildcat CHAVEROO-SAN ANDRES
4. Well Location Unit Letter F: 1980 feet from the NORTH line and 1980 feet from the WEST line		
Section 16	Township 8S Range 33E	NMPM CountyCHAVES
11. El	evation <i>(Show whether DR, RKB, RT, GR, et</i> LGR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENT	ION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG TEMPORARILY ABANDON CHAN	AND ABANDON REMEDIAL WO	RK
OTHER:	OTHER. TA PR	
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.		
11/6/09 - Set CIBP @ 4200' and cap with 35 ' of cement. It passed @ 540# for 30 mins. Was not witness by the OCD. Ronnic Pryer talked with Maxi Brown, he said to go ahead and test when we got ready today.		
RECEIVED		
This Approval of Temporary NEC 1.5 2009		
This Approval of Temporary DEC 15 2009 Abandonment Expires		
	and the same of th	
		~n
Spud Date:	Rig Release Date:	
I hereby certify that the information above is	true and complete to the best of my knowled	lge and belief.
SIGNATURE Same	Lee TITLE Regulatory Analyst	DATE: 11/25/2009
For State Use Only	E-mail address: Jennfer@eeron	line.com PHONE (432)262-4014
APPROVED BY:	TITLE DISTRICT & SUPE	RVISOR DEC 1 6 2009
Conditions of Approval (if any):		



DCD WAS NIT ON LOCATION FOR TEST I WAS TOIC TO GO AhEAD When RENDY By MAX' BROWN