

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBSUCD

WELL API NO.

30-025-28876

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil &amp; Gas Lease No.

NM743

7. Lease Name or Unit Agreement Name  
ARCO STATE

8. Well Number

1

9. OGRID Number

190595

10. Pool name or Wildcat

JALMAT TANSILL SEVEN RIVERS

## 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, Ste 200  
Midland, TX 79701

4. Well Location

Unit Letter O : 330 feet from the SOUTH line and 1650 feet from the EAST lineSection 3Township 22SRange 35E

NMPM

County LEA

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

3613 GR

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐OTHER: TA PRESSURE TEST ☒

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.

10/13/09 - WELL WAS PRESSURE TESTED TO 520#. OCD WAS NOT ON LOCATION FOR TEST.

NOTE: CIBP IS SET AT 3889' WITH 10' CMT ON TOP. TOP PERF FOR THIS WELL IS 3939'.

This Approval of Temporary  
Abandonment Expires 12-23-2011

\* CHART IN WELL FILE, w/ DENIED C-103.

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

TITLE Regulatory Analyst

DATE 01/11/2010

Type or print name Jenifer Sorley

E-mail address: Jenifer@eeronline.com

PHONE: (432)262-4014

For State Use Only

APPROVED BY:

TITLE

DISTRICT 1 SUPERVISOR

DATE

JAN 19 2010

Conditions of Approval (if any):

