

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

New Mexico Oil Conservation Division, District 1
1625 N. French Drive
Hobbs, NM 88240

OMB No. 1004-0137
Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease State No.
NMNM0145685

6. If Indian, Allottee or Tribe Name

RECEIVED
SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other WIW

2. Name of Operator
EOR Operating Company

3a. Address
200 N. Loraine, STE 1440
Midland, TX 79701

3b. Phone No. (include area code)
432-242-4544

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330 FNL & 2241 FEL
Sec. 30, T. 08S, R. 35E

7. If Unit of CA/Agreement, Name and/or No.
HOBBS OCD

8. Well Name and No.
Horton Federal #7

9. API Well No.
30-041-10129

10. Field and Pool or Exploratory Area
Milnesand, San Andres

11. County or Parish, State
Roosevelt, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletable horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Well failed BHT 10/9/13. Water continued to trickle at surface after 15 minutes.
EOR Operating conducted MIT test 1/14/14.
Well passed MIT, chart attached.

DENIED

Denied! This Well Can Not Be Approved For SI/TA Status Since The MIT Test Was Conducted At 300 Psi Instead Of The 500 Psi Required For TA Approval.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Jana True

Title Production Manager

Signature *Jana True* Date 01/17/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

DENIED
Approved by **/S/ DAVID R. GLASS**

PETROLEUM ENGINEER

Title

Date **MAY 22 2014**

Office **ROSWELL FIELD OFFICE**

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

DENIED - MMS/OCD 6/3/2014

JUN 03 2014

PRINTED IN U.S.A.

64 MIN

NVA TSKING
1000# / 96 min
CALIB 12-11-13

56 MIN

48 MIN

PKT

40 MIN

32 MIN

24 MIN

16 MIN

8 MIN

96 MIN

START

FOR OPERATING

Horton Feb. #7
B 30-085-35E
30-041-10129

MT TEST

Start - 300 PSI
Final - 300 PSI
Time - 34 min.

Graphic Controls LLC
(8.375 ARC LINE GRAD.)

DATE 1-14-14
MCI P 0-1000-8-96 MIN

300 PSI

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. 30-041-10129
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Horton Federal
8. Well Number 7
9. OGRID Number 257420
10. Pool name or Wildcat Milnesand, San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 WIW

2. Name of Operator
EOR Operating Company

3. Address of Operator
200 N. Loraine, STE 1440 Midland, TX 79701

4. Well Location

Unit Letter B : 330 feet from the N line and 2241 feet from the E line
Section 30 Township 08S Range 35E NMPM County Roosevelt

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: MIT ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well failed BHT 10/9/13. Water continued to trickle at surface after 15 minutes.

EOR Operating Company will perform mechanical integrity test on 4 1/2" production casing.
EOR Operating Co. will notify OCD of results to discuss.

If well does not pass MIT, EOR Operating Co. will submit NOI to OCD with plans to repair.

e-MAILED DM
1/10/14 JT SD

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 Jana True TITLE Production/Regulatory Mgr DATE 1/10/14

Type or print name Jana True E-mail address: jtrue@enhancedoilres.com PHONE: 432-242-4544

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):