

OIL CONSERVATION DIVISION

OCT 11 2018 220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO.

30-041-10018

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

NMNM70990X

7. Lease Name or Unit Agreement Name
Milnesand Unit8. Well Number
1289. OGRID Number
25742010. Pool name or Wildcat
Milnesand, San Andres

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 ☐ Other2. Name of Operator
EOR Operating Company3. Address of Operator
1250 Wood Branch Park Dr. Suite 400

4. Well Location

Unit Letter C: 660 feet from the North line and 1898 feet from the West line

Section 7 Township 8S Range 35E NMPM County Roosevelt

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

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: Returned to Production ☒

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.

8/09/18: Repaired Hole in Tubing

8/10/18: Returned well to production.

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 Operations Manager DATE 10/11/18

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Mary Brown TITLE AO/I DATE 10/15/2018
Conditions of Approval (if any):