

Submit 3 Copies To Appropriate District Office
District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBS OGD
APR 07 2008

Form C-103
May 27, 2004

WELL API NO. 30-041-00131	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 257420	
7. Lease Name or Unit Agreement Name MILNESAND UNIT	
8. Well Number MSU # 182	
9. OGRID Number 257420	
10. 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION <input checked="" type="checkbox"/>	
2. Name of Operator EOR OPERATING COMPANY	
3. Address of Operator ONE RIVERWAY, SUITE 610, HOUSTON, TX 77056	
4. Well Location Unit Letter D : 660 feet from the SOUTH line and 600/660 feet from the WEST line Section 18 Township 8S Range 34E 35E NMPM County ROOSEVELT	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4250' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: ADD PERFS, STIMULATE INJECTION WELL <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

START DATE: 3/6/08

- 1.) RU, POOH W/TBG & EXISTING PKR. RIH W/ BIT & SCRAPER TO BOTTOM & CLEAN OUT FILL.
- 2.) RIH W/PKR & PLUG, TEST CSG. IF CSG NEEDS REPAIR. LOCATE HOLE & CEMENT SQZ. DRILL OUT CEMENT.
- 3.) ADD PERFORATION 4540'- 4620' 4JSPF.
- 4.) STIMULATE PERFORATIONS W/ 7100 GALS OF 15% HCL ACID.
- 5.) RIH W/ NEW 2 1/16" IPC TBG & NEW 4 1/2" HES G6 PKR. SET PKR @ APPROXIMATELY 4504'.
- 6.) CIRCULATE PACKER FLUID. SET PKR & TEST ANNULUS TO 500 PSI.
- 7.) NIPPLE UP WELL HEAD. RD, MOVE OFF PULLING.
- 8.) (4 1/2" 10.5# CGS @ 4530', 7 5/8", 26.4# CSG @ 4950', PERFS 4534'-4620')

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE Sr. Well Operations Supervisor DATE 4/4/08

Type or print name: Lawrence A. Spittler, Jr. E-mail address: lspittler@enhancedoilres.com Telephone No.:432-687-0303

For State Use Only

APPROVED BY: [Signature] TITLE OGD DISTRICT SUPERVISOR/GENERAL MANAGER DATE APR 16 2008

Conditions of Approval (if any):