

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88217
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

RECEIVED
 NOV 23 2009
 HOBSOCD

CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-03609 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 13490
7. Lease Name or Unit Agreement Name CROSSROADS SILURO DEV Ut ✓
8. Well Number 303 ✓
9. OGRID Number 257420 ✓
10. Pool name or Wildcat CROSSROADS SILURO DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4029' GR
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 _____

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 INJECTION

2. Name of Operator
EOR OPERATING COMPANY ✓

3. Address of Operator
ONE RIVERWAY, SUITE 610, HOUSTON, TX 77056

4. Well Location
 Unit Letter G : 1980 feet from the NORTH _____ line and 1980 feet from the EAST _____ line
 Section 27 Township 9S Range 36E NMPM County LEA ✓

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" 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"/>	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: _____	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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

EST. START DATE: 12/1/09
 Convert well from conventional rod pump to producing via submersible pump.

- 1.) RU, LD rods & pump.
- 2.) RIH w/ 2 7/8" tbg & submersible pump to approximately 7000'.
- 3.) Nipple up well head.
- 4.) RD, release rig.
 (5 1/2", 17#, & 20#, N80 CSG @ 12,147'. Perforations 12,000'-12,050'. PBSD 12,120'. TD 12,150')
 (2 7/8" (192 jts) of N80 tbg. SN @ 6063'. 2 1/4" x 20' tbg pump.

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 11/18/09

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 PETROLEUM ENGINEER DATE NOV 24 2009
 Conditions of Approval (if any): _____