

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 87400
District IV -- (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources
JAN 10 2014
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-041-10129 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <i>Fed</i>
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 <u>B</u> : <u>330</u> feet from the <u>N</u> line and <u>2241</u> feet from the <u>E</u> line Section <u>30</u> Township <u>08S</u> Range <u>35E</u> NMPM County <u>Roosevelt</u>	
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: 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.

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

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: Mary Brown TITLE Compliance Officer DATE 1/14/2014
Conditions of Approval (if any):

JAN 14 2014