Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			Revised July 18, 2013 WELL API NO. 30-041-20105
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. K-1370
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			7. Lease Name or Unit Agreement Name
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other (SWD)	HOBBS OCD	8. Well Number #24
2. Name of Operator			9. OGRID Number
RIDGEWAY ARIZONA OIL CO)RP	OCT 1 6 2015	
3. Address of Operator	SUTT 150 HOUSTON TY 2002		10. Pool name or Wildcat
	, SUITE 150, HOUSTON, TX 77079		CHAVEROO; SAN ANDRES
4. Well Location		RECEIVED	
	eet from the <u>NORTH</u> line and <u>1650</u>		
Section 29	Township 7S Range	34E NMPN	
State Bar and State	11. Elevation (Show whether DR 4452.6' GR	, <i>RKB</i> , <i>RT</i> , <i>GR</i> , <i>etc.</i>)	The same the same set is a set of the
	4452.0 GK		
NOTICE OF I	Appropriate Box to Indicate N NTENTION TO:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WORK	
		COMMENCE DRIL	_
PULL OR ALTER CASING		CASING/CEMENT	JOR []
CLOSED-LOOP SYSTEM			
OTHER:	·	OTHER:	
13. Describe proposed or com	pleted operations. (Clearly state all	pertinent details, and	give pertinent dates, including estimated dat
		C. For Multiple Con	npletions: Attach wellbore diagram of
proposed completion or re	completion.		
9/28/15 – MIRU. POOH WITH T	UBING AND PACKER.		
	BING AND SET NEW PACKER @	4303	
9/30/15 - OCD WITNESSED MIT	520 PSI FOR 32 MINUTES. WEL	L RESUMED INJEC	CTION.
Spud Date:	Rig Release Da		
Spud Date.	Kig Kelease Da	ate:	
I hereby certify that the information	n above is true and complete to the be	est of my knowledge	and haliaf
Thereby certify that the information	above is true and complete to the bo	est of my knowledge	and beller.
\bigcirc · \square			
SIGNATURE CONTE	DOGUL TITLE: VPR	EGULATORY AFF	AIRS DATE10-6-2015
	10		
	E E mail address: jhogue@enhanced	doilres.com PHONE	E: <u>832-485-8522</u>
For State Use Only	2		
APPROVED BY: ALL	emanah TITLE	Staff M	lawages DATE 10:16-15
Conditions of Approval (if any):			15 DAIL 1977 U
			,

OCT 20 2015

