B SUNDRY	UNITED STATES EPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMENT NOTICES AND REPORTS ON V is form for proposals to drill or to II. Use form 3160-3 (APD) for such	NMOCD Hobbs HOBE VELLS re-enter an proposals	<b>35 OCI</b> 0 3 2016	OMD N	APPROVED O. 1004-0135 July 31, 2010 or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. 8910115740	
1. Type of Well Gas Well Other				8. Well Name and No. MILNESAND SA 57	
2. Name of Operator Contact: JAMIE L HOGUE EOR OPERATING COMPANY E-Mail: JHOGUE@ENHANCEDOILRES.COM				9. API Well No. 30-041-00254-00-S1	
3a. Address 777 NORTH ELDRIDGE PAR HOUSTON, TX 77079	No. (include area code 485-8500	)	10. Field and Pool, or Exploratory MILNESAND-SAN ANDRES		
4. Location of Well <i>(Footage, Sec., T</i> Sec 24 T8S R34E NENE 6600 33.612115 N Lat, 103.411194			11. County or Parish, and State ROOSEVELT COUNTY, NM		
12. CHECK APPI	ROPRIATE BOX(ES) TO INDICAT	E NATURE OF	NOTICE, RI	EPORT, OR OTHE	R DATA
TYPE OF SUBMISSION	8	TYPE OF ACTION			
If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final At determined that the site is ready for f	Alter Casing     Fr     Casing Repair     Change Plans     Convert to Injection     Pl eration (clearly state all pertinent details, inch ally or recomplete horizontally, give subsurfact k will be performed or provide the Bond No. operations. If the operation results in a multi bandonment Notices shall be filed only after a	ce locations and measure on file with BLM/BL ple completion or rec Il requirements, includ	Reclam     Recomp     Recomp     Tempor     Water I  g date of any pared and true ve A. Required sul ompletion in a tailor greclamation	blete arily Abandon Disposal roposed work and approx rrtical depths of all pertin sequent reports shall be new interval, a Form 316 n, have been completed,	ent markers and zones. filed within 30 days 0-4 shall be filed once and the operator has
14. I hereby certify that the foregoing is Co Name (Printed/Typed) JAMIE L	Electronic Submission #344502 verifi For EOR OPERATING CO mmitted to AFMSS for processing by D	MPANY, sent to th AVID GLASS on 0	e Roswell	DRG0315SE)	
Signature (Electronic S	Date 07/13/2	Date 07/13/2016			
	THIS SPACE FOR FEDER	AL OR STATE	OFFICE U	SE	
	Assistant Field Manager, Title Ands And Minerals Office ROSWELL FIELD OFFICE rson knowingly and willfully to make to any department or agency of the United this its individual				
	ISED ** BLM REVISED ** BLM F	The selection of		** BLM REVISEI	D **

MUB/00 A 8/11/2014

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