Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
Office District I – (575) 393-6161 Energy, Minerals and Natural Resource 1625 N. French Dr., Hobbs, NM 88240	I W/ELL APINIL
<u>District II</u> – (575) 748-1283 UCI 1 di ZUIX NGERVA TION DIVISION	3004120757
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 — — — — — — — — — — — — — — — — — — —	3. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 RECEIVED Santa Fe, NM 87505 District IV – (505) 476-3460	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	NMNM0145685
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	Horton Federal
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other	Horton Federal #33
2. Name of Operator	9. OGRID Number
EOR Operating Company 3. Address of Operator	25482 10. Pool name or Wildcat
1250 Wood Branch Park Dr. Suite 400	Milnesand: San Andres
4. Well Location	
Unit Letter G: 2320 feet from the North line and 1550 feet from the East lin	ne
Section 30 Township 8S Range 35E NMPM County Roosevelt	
11. Elevation (Show whether DR, RKB, RT, GR	R, etc.)
GL: 4212.6' KDB: 4424'	
10 01 1 4 2 2 1 1 4 1 4 1 4 1 6 1	
12. Check Appropriate Box to Indicate Nature of No	tice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CE	MENT JOB
CLOSED-LOOP SYSTEM	
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
proposed completion or recompletion.	
This well has been turned back on and is producing oil and water as of 8/15/18 which removes it from the ACO by bringing the well into	
compliance.	
SUBJECT TO	
APPROVAL BY BLM	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my know	wledge and belief.
SIGNATURETITLEOperations Management	gerDATE10/11/18
Type or print name E-mail address:	PHONE:
For State Use Only	
ADDROVED BY: Accepted for Record Only	DATE
APPROVED BY: Conditions of Approval (if any): AND O	DATE
APPROVED BY: Accepted for Record Only Conditions of Approval (if any): DATE O 15 20 8	