

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
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

OIL CONSERVATION DIVISION

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

APR 07 2008
HOBBS OCD

SUNDRIY 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.)		WELL API NO. 30-041-20650
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator EOR OPERATING COMPANY		6. State Oil & Gas Lease No. 257420
3. Address of Operator ONE RIVERWAY, SUITE 610, HOUSTON, TX 77056		7. Lease Name or Unit Agreement Name MILNESAND UNIT
4. Well Location Unit Letter <u>A</u> : <u>1260</u> feet from the NORTH <u> </u> line and <u>1300</u> feet from the EAST <u> </u> line Section <u>13</u> Township <u>8S</u> Range <u>34E</u> NMPM County <u>ROOSEVELT</u>		8. Well Number MSU # 525
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4244.5' GR		9. OGRID Number 257420
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type <u> </u> Depth to Groundwater <u> </u> Distance from nearest fresh water well <u> </u> Distance from nearest surface water <u> </u>		
Pit Liner Thickness: <u> </u> mil Below-Grade Tank: Volume <u> </u> bbls; Construction Material <u> </u>		

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 ☐

OTHER:

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

START DATE: 4/8/08

WELL IS CURRENTLY T&A W/ 5 1/2" CIBP SET @ 4500'.

- 1.) RIH W/PKR & PLUG, TEST CSG. IF CSG NEEDS REPAIR. LOCATE HOLE & CEMENT SQZ. DRILL OUT CEMENT.
 - 2.) RU, DRILL OUT 5 1/2" CIBP. TIH W/ BIT & SCRAPER TO BOTTOM & CLEAN OUT FILL.
 - 3.) RU ELECTRIC LINE, RUN BHP SURVEY.
 - 4.) ADD PERFORATIONS 4530' - 4616' 4JSPF.
 - 5.) RIH W/ BIT & SCRAPER TO TD. TOH W/ BIT & SCRAPER.
 - 6.) TIH W/ HES PPI TOOL. ACIDIZED PERFORATIONS W/ 8700 GALS OF 15% HCL ACID. TOH W/ HES PPI TOOL.
 - 7.) RIH W/ NEW 2 3/8" J-55 TBG., ROD PUMP, NEW SUCKER RODS, NEW POLISH ROD & LINER, PUMPING "T" & STUFFING BOX.
 - 8.) INSTALL NEW WELL HEAD. NIPPLE UP WELL HEAD. HANG WELL ON.
 - 9.) RD, MOVE OFF PULLING.
- (5 1/2", 14# CSG @ 4750', PERFS @ 4530'-4616')

Conditions of Approval:

OCD requires the Operator to complete a 24 hours production test and submit on form C-104 Request for Allowable before producing this well. Accompanied by Subsequent report on C-103 with dates and what was done, along with tubing size and depth.

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 TITLE Sr. Well Operations Supervisor DATE 4/4/08

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: Chris Williams
Conditions of Approval (if any):

OC DISTRICT SUPERVISOR/GENERAL MANAGER
TITLE

DATE APR 16 2008