

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

NOV 24 2010
HOBBBS
SUNDRY NOTICES AND REPORTS ON WELLS
 Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
 NMNM 0145685

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
 Horton Federal 37

2. Name of Operator
 EOR Operating Company

9. API Well No.
 30-041-20755

3a. Address
 200 N. Lorraine, Suite 1440
 Midland, TX 79701

3b. Phone No. (include area code)
 432-687-0303

10. Field and Pool or Exploratory Area
 Milinesand (San andres)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 UL-A, ~~990' FNL & 295' FEL~~
 S30-T8S-R35E

11. Country or Parish, State
 Roosevelt, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Workover</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Start date: 9/15/10 Completion date: 9/16/10

Repair, down hole equipment failure (rods, pump and or tbq) and return well to production.

1. RU pulling unit.
2. Pressure tested tbq to 1000 psi. ok.
3. Fished 1" rod part.
4. TOH w/ rods & tbq pump plunger. Replaced tbq plunger.
5. TIH w/ rods & plunger.
6. Seat tbq plunger. Spaced out & hung well off.
7. RD pulling unit.

(2 7/8" tbq. Tbg pump @ 4701'. 5 1/2", 15.5# csg @ 4790'. Perforations 4505'-4525' & 4662'-4680')

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
 L.A. Spittler, Jr.

Title Sr. Well Operations Supervisor

Signature

Date 10/11/2010

ACCEPTED FOR RECORD THIS SPACE FOR FEDERAL OR STATE OFFICE USE

NOV 29 2010

Approved by

/S/ DAVID R. GLASS

Accepted For Record Only! Approval Subject To Returning Well To Continuous Production And Keeping Well On Continuous Production!

Conditions of approval, if any, are attached. Approval of this notice does not entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 42 U.S.C. Section 1212, make it a criminal offense to knowingly and willfully make any false, fictitious or fraudulent statements or representations as to any matter within

the United States any false,

(Instructions on page 2)