

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 PROPOSALS.)		WELL API NO. 30-041-00087
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOR OPERATING COMPANY		6. State Oil & Gas Lease No.
3. Address of Operator 575 N DAIRY ASHFORD RD, SUITE 210, HOUSTON, TX 77079		7. Lease Name or Unit Agreement Name MILNESAND SAN ANDRES UNIT
4. Well Location Unit Letter <u> N </u> : <u> 660 </u> feet from the <u> S </u> line and <u> 1980 </u> feet from the <u> W </u> line Section <u> 18 </u> Township <u> 08S </u> Range <u> 35E </u> NMPM <u> CHAVES </u> County		8. Well Number 036
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4,241' GL		9. OGRID Number 247520
		10. Pool name or Wildcat SAN ANDRES

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <u> MIT </u> <input checked="" type="checkbox"/>		OTHER: <u> </u> <input type="checkbox"/>	

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.

MIRU, pull and hydro test tubing, redress packer and run BIH, perform post workover MIT.

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE William Boyd TITLE Land & Regulatory Manager DATE 10/4/23

Type or print name WILLIAM BOYD E-mail address: wboyd@pedevco.com PHONE: 832-691-4322
For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 10/5/23
Conditions of Approval

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CONDITIONS

Action 272278

CONDITIONS

Operator: EOR OPERATING COMPANY 575 N Dairy Ashford Suite 210 Houston, TX 77079	OGRID: 257420
	Action Number: 272278
	Action Type: [C-103] NOI General Sundry (C-103X)

CONDITIONS

Created By	Condition	Condition Date
kfortner	Run PWOT MIT/BHT	10/5/2023