

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

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

Form C-103

Revised July 18, 2013

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. 30-041-00029
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" 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, EC II 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> SOUTH </u> line and <u> 1980 </u> feet from the <u> WEST </u> line Section <u> 7 </u> Township <u> 08S </u> Range <u> 34E </u> NMPM <u> ROOSEVELT </u> County		8. Well Number 122
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 247520
		10. Pool name or Wildcat CHAVEROO SAN ANDRES

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 ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: MECHANICAL INTEGRITY TEST ☒

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.

SUBJECT WELL TESTED 9-21-23 WITNESSED BY GARY ROBINSON
 OCD BRADENHEAD TEST REPORT ATTACHED

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 MGR DATE 10/5/23

Type or print name WILLIAM BOYD E-mail address: wboyd@pedevco.com PHONE: 713-574-7912

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
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CONDITIONS

Action 274217

CONDITIONS

Operator: EOR OPERATING COMPANY 575 N Dairy Ashford Suite 210 Houston, TX 77079	OGRID: 257420
	Action Number: 274217
	Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	11/17/2023