

HOBBS OCD

AUG 08 2011

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-041-00119
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Milnesand Unit
8. Well No. 172
9. OGRID Number 257420
10. Pool name or Wildcat Milnesand, San Andres

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
EOR Operating Company

3. Address of Operator
200 N. Loraine, Ste. 1440, Midland, TX 79701

4. Well Location
Unit Letter **G** : **1980** feet from the **N** line and **1980** feet from the **E** line
Section **14** Township **8-S** Range **34-E** NMPM County **Roosevelt**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/18/11 MIRU plugging Equipment

07/19/11 ND wellhead, NU BOP. RIH and tagged CIBP @ 4550'. Circulated hole w/ mud laden fluid. Spotted 35 sx class C cement @ 4550-4196. POH to 2000'.

07/20/11 Tagged plug @ 4361'. Perf'd csg. @ 3015'. Pressured up to 500 psi. RIH to 6065'. Spotted 35 sx class C cement @ 3065-2893. POH to 2300'. Circulate hole w/ mud laden fluid. POH w/ tbg. WOC. Tagged plug @ 2902'. Perf'd csg. @ 1515'. Pressured up to 1500 psi. Perf'd csg. @ 520'. Pressured up to 1500 psi. RIH w/ tbg to 1565'. Spotted 45 sx class C cement @ 1565-1344. POH. ND BOP. WOC. Tagged plug @ 1387'. Spotted 120 sx class C cement @ 570' to surface.

07/21/11 Rigged down moved off.

07/22/11 Moved in backhoe and welder. Dig out cellar. Cut off wellhead and weld on Dry Hole Marker. Backfill cellar. Cut off dead men and clean location. Moved off.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnrd.state.nm.us/oed.

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 Jana True TITLE Prod Asst DATE 8/3/11

Type or print name Jana True E-mail address: jtrue@enhancedoilres.com Telephone No. 432-687-0303

For State Use Only

APPROVED BY [Signature] TITLE STAFF NGP DATE 8-9-2011

Conditions of Approval (if any):

AUG 09 2011