

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 August 1, 2011

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

WELL API NO. 30-041-10008 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Milnesand Unit ✓
8. Well Number #142 ✓
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator EOR Operating Company ✓
3. Address of Operator 200 N. Loraine, Suite 1440 Midland, TX 79701
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>12</u> Township <u>8</u> Range <u>34E</u> NMPM County <u>Roosevelt</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/27/11 MIRU plugging equipment. ND welldead, NU BOP. RIH w/ 4 1/2 CIBP on tbg. Set BP @ 4528'. Circulated hole w/ mud laden fluid. Spotted 25 sx cement on top of plug. 4528'-4166'. WOC.
7/28/11 Tagged plug @ 4163'. Pressured up on csg. To 500 psi. Perf'd csg @ 3005'. Pressured up on csg to 1500 psi. RIH w/ tbg to 3055'. Spotted 25 sx cement @ 3055'-2693'. POH. WOC. Tagged plug @ 2669'. Perf'd csg @ 1505'. Set packer @ 1200'. Sqz'd 40 sx cement, displaced to 1395'. Closed well in w/ 1400 psi. WOC.
7/29/11 Tagged plug @ 1372'. POH. ND BOP. Perf'd csg @ 445'. Sqz'd 150 sx cement and circulated to surface. RD. Cleaned location and moved off.
8/3/11 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded dry hole marker. Back filled cellar. Cut off deadmen. Cleaned 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.enmr.state.nm.us/oed.

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 Jana True TITLE Prod. Asst. DATE 8/3/11
Type or print name Jana True E-mail address: jtrue@enhancedoilres.com PHONE: 432-687-0303
For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGR DATE 8-9-2011
Conditions of Approval (if any):

AUG 09 2011 ✓