Form 3160-5 (August 2007) New Mexico Oil Conservation Division, District I FORM APPROVED 1625 N. French Drive

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** 

HOBBS OCD

OMB No 1004-0137 Expires: July 31, 2010

5. Lease Serial No. NMCL062178

SUNDRY NOTICES AND REPORTS ON WELAS 10 2011

6. If Indian, Allottee or Tribe Name

| abandoned well. Use Form 3160-3 (APD) for such proposals.   |  |  |  |                |   |              |                                      |  |
|---|--|--|--|----------------|---|--------------|--------------------------------------|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2 CEIVED  |  |  |  |                | 7. If Unit of CA/Agre                         | ement,       | Name and/or No.                      |  |
| 1. Type of Well   |  |  |  |                |   |              |                                      |  |
| Oil Well Gas Well Other Tw  |  |  |  |                | 8. Well Name and No. Milnesand Unit No.36 WIW |              |                                      |  |
| 2. Name of Operator<br>EOR Operating Company Inc.   |  |  |  |                | 9. API Well No.<br>30-041-00087               |              |                                      |  |
| 3a. Address 3b. Phone No. (include area code)   |  |  |  |                | 10. Field and Pool or Exploratory Area        |              |                                      |  |
| 200 N. Loraine, Suite 1440 Midland, TX.79701 432.687.03   |  |  | Milnesand - San And                        |                |   | ndres        |                                      |  |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)  |  |  |  |                | 11. Country or Parish                         | State        |                                      |  |
| N-18-08S-35E 660 FSL 1980 FWL   |  |  |  |                | Roosevelt Co. NM                              |              |                                      |  |
| 12. CHEC  | K THE APPROPRIATE BOX  | (ES) TO INDI   | CATE NATURE (                              | OF NOTIC       | CE, REPORT OR OTH                             | ER DA        | TA                                   |  |
| TYPE OF SUBMISSION  | TYPE OF ACTIO  |  |  |                | ON  |              |                                      |  |
| ✓ Notice of Intent  | Acidize  | Deepe  | en   | Prod           | uction (Start/Resume)                         |              | Water Shut-Off                       |  |
|   | Alter Casing   | Fractu   | ıre Treat                                  | Recla          | amation                                       | $\mathbf{Z}$ | Well Integrity                       |  |
| Subsequent Report   | Casing Repair  | New  | Construction                               | Reco           | mplete  | abla         | Other Repair/Repalce                 |  |
|   | Change Plans   | =  | and Abandon                                | =              | oorarily Abandon                              |              | tubing/Packer if needed              |  |
| Final Abandonment Notice  | Convert to Injection Plug B  |  |  | Water Disposal |   |              |                                      |  |
| Well failed MIT in February 2009, du<br>EOR would like to reactivate this we<br>Tubing and packer will be pulled, ca<br>will be returned to active status.<br>MIT test will be witnessed by BLM/C<br>(8 5/8-437' / 4 1/2-4751 / PB - 4720 | ell by performing repairs to the standard and one of t | ne failed equi<br>Ps; For<br>casing proble   | ipment.<br>30/1/0016<br>ms will be repaire | ,              | as tubing packer iss                          | sues wi      | ll be addressed and the well         |  |
| APPROVED FOR 3 P<br>ENDING 001 28 201   | Office At<br>Mechanic<br>And Roos  | al Subject To Calling The BLM Roswell Field At Least 24 Hours Prior To The Scheduled Lical Integrity Test (MIT). For Wells In Chaves Osevelt County, Call (575) 627-0205 Or After Hours Call (575) 420-2832. |  |                |   |              |                                      |  |
| 14. I hereby certify that the foregoing is t  | rue and correct. Name (Printed/  | Typed)   |  |                |   |              |                                      |  |
| Andy Chalker  |  |  | Title Operations Manager                   |                |   |              |                                      |  |
| Signature Andy Clot   | Date 04/20/2011  |  |  |                |   |              |                                      |  |
|   | THIS SPACE F   | OR FEDE  | RAL OR STA                                 | TE OF          | FICE USE                                      |              |                                      |  |
| Approved by /S/ DAVI  | Title  | OLEUM  | ENGINEER                                   | Date           | JUL 2 8 2011                                  |              |                                      |  |
| Conditions of approval, if any, are attached that the applicant holds legal or equitable to entitle the applicant to conduct operations   | title to those rights in the subject   | lease which we   | ould Office                                |                |   |              | ,                                    |  |
| Title 18 II S.C. Section 1001 and Title 43  | U.S.C. Section 1212 make it a c  | rime for any p   | erson knowingly and                        | willfolly      | to make to any departme                       | ent or ag    | ency of the United States any false, |  |

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.