## New Mexico Oil Conservation Division, District I

1625 N. French Drive Hobbs, NM 88240

OMB No. 1004-0137 Expires July 31, 2010

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Form 3160-3 (August 2007)

5 Lease Serial No. NMNM0146585 Allottee or Tribe Name

Do not use this for	OTICES AND REPORTS orm for proposals to dr Jse Form 3160-3 (APD)	SON WELLS ill or to re-enter an for such proposals.	6 II Indian, Anotice o	or tribe rame
	IN TRIPLICATE - Other instru	7 If Unit of CA/Agre Horton Federal	7 If Unit of CA/Agreement, Name and/or No.	
1. Type of Well		8. Well Name and No		
✓ Oil Well Gas W	ell Other		8	
2. Name of Operator EOR Operating Co	/		9. API Well No. 30-041-10201	
3a. Address 200 N. Loraine, STE 1440		Phone No. ( <i>include area code</i> -687-0303	) 10 Field and Pool or Milnesand - San A	
Midland, TX 79701  4. Location of Well (Footage, Sec., T.,, 2310 FSL & 1650 FWL Sec. 30 T 08S, R 35E			11 Country or Parisl Roosevelt Co, NM	
	K THE APPROPRIATE BOX(E	S) TO INDICATE NATURE	OF NOTICE, REPORT OR OTI	HER DATA
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume) Reclamation Recomplete	Water Shut-Off  Well Integrity  Other Written Order
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Temporarily Abandon  Water Disposal	Compliance
Final Abandonment Notice	Convert to Injection	Plug Back	· · · · · · · · · · · · · · · · · · ·	ork and approximate duration thereof If s of all pertinent markers and zones.
testing has been completed. Final determined that the site is ready for EOR Operating will remove all stail EOR Operating will remove all trast EOR Operating will file subsequent	Abandonment Notices must be in final inspection.)  ned soil on location and dispose the and debris from location.	e of. EOR will then backfill	the area of removal.  nal inspection	val, a Form 3160-4 must be filed once the completed and the operator has
- مستواند بر			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TED FOR RECORD
Submit Subsequent Sur to BLM Office prior to	ndry for completed work 20 April 2012.		NAME	MAR 2 2 2012  MENTAL PROTECTION  SPECIALIST
14 I hereby certify that the foregoing is	true and correct Name (Printed/T)	vped)	-	
Jana True	1		orations/Regulatory	
Signature Signature	110	Date 03/16/20	012	
oignature Communication of the	THIS SPACE FO	OR FEDERAL OR ST	ATE OFFICE USE	
Approved by		Title	"CSWELL	Date
Conditions of approval, if any, are attact that the applicant holds legal or comparate entitle the applicant to conduct operates	thereon	ot warrant or certify ease which would Office	NOSWELL FIELD OFFI	01-11-10-10-10-10-10-10-10-10-10-10-10-1
Title 18 U.S.C. Section 1001 and Title fictitious or fraudulent statements or re	3 U.S.C. Section 1212, make it a cr	nme for any person knowingly an its jurisdiction	and willfully to make to any depart	timent or agency of the United States any false