Submit I Copy To Appropriate District Office District I - (575) 393-6161 Energy, Minerals and Natural Resources	Form C-103 Revised August 1, 2011			
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.			
District II - (575) 748-1283 811 S First St., Artesia, NM 88210   MAR 2011260 NSERVATION DIVISION	30-041-00140 5. Indicate Type of Lease			
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd, Aztec, NM 87410	STATE FEE			
District IV – (505) 476-3460 1220 S St Francis Dr , Santa Fe, NM 87505  RECEIVED Santa Fe, NM 87505	6. State Oil & Gas Lease No.			
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name			
(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)	Milnesand Unit			
1. Type of Well: Oil Well Gas Well Other	8. Well Number 197			
2. Name of Operator EOR Operating Company	9. OGRID Number 257420			
3. Address of Operator	10. Pool name or Wildcat			
200 N. Loraine Suite 1440, Midland TX. 79701	46930-San Andres			
4. Well Location	~			
Unit LetterL:1980feet from theS line and				
Section 13 Township 08S Range 34E	NMPM County Roosevelt			
11. Elevation (Show whether DR, RKB, RT, GR, etc.				
Crown satisfaction of the control of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12. Check Appropriate Box to Indicate Nature of Notice	, Report or Other Data			
NOTICE OF INTENTION TO: SUE	SSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	K ☐ ALTERING CASING ☐			
	RILLING OPNS. P AND A			
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENDOWNHOLE COMMINGLE	IT JOB 🔲			
BOWN TOLE COMMINGLE				
	activation			
13. Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Coproposed completion or recompletion.				
Descripted MCH #107 Discript 2/12/2012 Complete Health 2/20/2012				
Reactivated MSU #197 - Rigged up on 3/13/2012 – Completed well work on 3/20/2012 See attached wellbore diagram for details.				
· · · · · · · · · · · · · · · · · · ·				
Spud Date: Rig Release Date:				
Spud Date: Rig Release Date:				
Spud Date:  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowled.	ge and belief.			
	ge and belief.			
	ge and belief. DATE3/27/2012			
I hereby certify that the information above is true and complete to the best of my knowled  SIGNATURE And Chalker  TITLE Operations Manager  Type or print name Andy Chalker  E-mail address: _andy.chalker(c)	DATE3/27/2012			
I hereby certify that the information above is true and complete to the best of my knowled  SIGNATURE And Chalker  TITLE Operations Manager  Type or print name Andy Chalker  E-mail address: _andy.chalker@  For State Use Only	DATE3/27/2012			
I hereby certify that the information above is true and complete to the best of my knowled  SIGNATURE And Cha b  TITLE Operations Manager  Type or print name _Andy Chalker E-mail address: _andy.chalker(For State Use Only).  APPROVED BY:	DATE3/27/2012			
I hereby certify that the information above is true and complete to the best of my knowled  SIGNATURE And Chalker  TITLE Operations Manager  Type or print name Andy Chalker  E-mail address: _andy.chalker@  For State Use Only	DATE3/27/2012			

Co Rep	Alex Smith		
Well Name	Milnesand Unit	Well No 197	
Field	Milnesand		
County	Roosevelt		
State	NM		
Date	3/13/2012		
Date Comp			
KB	0.00		

Description	O.D	Grade	Weight	Depth	Cmt Sx	тос
Surface Csg	10 3/4	0	32 3/4	441	400	Surface
Inter Csg	0	0	0	0	0	0
Prod Csg	7 5/8	0	26 2/5	4920	2400	Surface
Liner O.D	5 1/2	0	17	4748-9304	300	4748

