HOBBS OCD Form 3160-5 (March 2012) 0 2 2012

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

New Mexico Oil Conservation Division, District I

1625 N. French Drive

OMB No 1004-0137 Hobbs, NA

	ter Dir.	OMB	140	1004	-UI.) /
V	88240	Expires	Oc	tober	31,	20
	eace Serial No.					

RECENES UNDRY NOTICES AND REPORTS ON WELLS

NMCL060978	
6 If Indian, Allottee or Tribe Name	

	orm for proposais Use Form 3160-3 (A						
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No		
1. Type of Well		-3_	- 149		Milnesand San Andres	Offic	
Oil Well Gas W	/IW			8 Well Name and No MSU 35			
2. Name of Operator EOR Operating Company				9 API Well No. 30-041-00142			
3a. Address		3b. Phone No	(include area co	le)	10 Field and Pool or Expl	oratory Area	
200 N. Loraine, Suite 1440 Midland, TX 79707 432.687.0			03		46930		
4. Location of Well (Footage, Sec , T.,	R.,M., of Survey Description	1)			11 County or Parish, State	e /	
D-19-08S-35E Lot. 1 660 FNL 660 FWL				Roosevelt, NM	/		
12 CHEC	К ТНЕ APPROPRIATE ВО	OX(ES) TO INI	DICATE NATURI	OF NOTIO	CE, REPORT OR OTHER	DATA	
TYPE OF SUBMISSION			TY	PE OF ACT	ION		
Notice of Intent	Acidize	☐ Dee	pen	✓ Prod	uction (Start/Resume)	Water Shut-Off	
140tice of Tittent	Alter Casing	Frac	ture Treat	Recl	imation	Well Integrity	
Colombia Parant	Casing Repair	☐ Nev	v Construction	Reco	mplete	Other	
Subsequent Report	Change Plans	Plus	g and Abandon	Tem	oorarily Abandon		
Final Abandonment Notice	Convert to Injection		g Back		r Disposal	•	
Perfs @ - 4548-4645 Conduct MIT If MIT is successfull - Reactivate WI RIH w/4 1/2 X 2 3/8 pkr,set pkr @ 4: Load annnulus w/pkr fluid - Test csn If MIT fails - Run 2 7/8 liner w/2 1/16	500' (+/-) ig to 500 psi - return well i		Please Contact	The BLM	Roswell Field Office At I duled Casing Integrity Te psevelt County, During C	est For	
			Hours Or After On Call Dunng	Office Hou	irs Call (575) 627-0205 irs Call (575) 627-02° (575) 626-5749	Engineer	
14 I hereby certify that the foregoing is/tr	rue and correct Name (Printe	ed/Typed)					
Andy Chalker			Title Operations Manager				
.Signature /5/Andy Chalker			Date 08/27/2012				
ACCEPTED F	OR REGGRADE	FOR FEDI	ERAL OR ST	ATE OF	ICE USE		
Approved by /S/DAVISEP 2 Conditions of approval, if any, are attached that the applicant holds legal or equivable the applicant to conduct operations of the applicant to cond	the course rights in the subjection	ct lease which w	vould Office		WELL FIELD OFFIC	E	
figure 18 U.S.C. Section 1991 and 1991 figure 480				a wiiituliy t	o make to any department or	agency of the Officed States any false,	