

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

New Mexico Oil Conservation Division, District I

1625 N. French Drive  
Hobbs, NM 88240

FORM APPROVED  
OMB No 1004-0137  
Expires October 31, 2014

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No.  
NMCL068478

6 If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

1. Type of Well

☐ Oil Well

☐ Gas Well

☒ Other **WIW**

2. Name of Operator  
EOR Operating Company

3a Address

200 N. Loraine Suite 1440, Midland TX 79701

3b. Phone No. (include area code)

432.687.0303

7. If Unit of CA/Agreement, Name and/or No  
Milnesand San Andres Unit

8 Well Name and No  
35.

9 API Well No  
30-041-00142

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)

D-19-08S-35E Lot. 1 660 FNL 660 FWL

10 Field and Pool or Exploratory Area  
MSAU

11 County or Parish, State  
Roosevelt

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13 Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

1 MIRU kill truck to test 4 1/2 casing

a. CIBP @ 4448 ft. w/35' of cmt above bridge plug

2 If casing tests good -

a. MIRU PU, Reverse unit and prepare to drill out CIBP

3 NDWH, NU BOP

4 Pick up 3 3/4 bit, scraper, 2 3/8 WS, RIH to drill out cement and CIBP

5 Clean out to PBTD @ 4661 ft.

6 Circulate hole clean

7 POOH w/WS/Scraper/Bit laying down

8 Pick up 4 1/2 X 2 3/8 AD-1 packer and new 2 3/8 8R EUE 4.6# J-55 IPC injection tubing from racks

9 RIH and set packer @ 4490 ft (+/-) - top perf is at 4548 ft.

10 Set packer, circulate packer fluid in annulus of 4 1/2 casing and 2 3/8 tubing

11 Rig up reverse unit and test annulus to 500 psi. Rig up chart recorder, Call BLM Roswell to witness MIT,

12 Have BLM Representative witness sign and date chart.

13 ND BOP, NU wellhead, tie in injection line and return well to injection

14 RDMO reverse unit, pulling unit, clean location.

15 Well is ready to resume water injection. MIT chart is attached, well bore diagram of current statue is attached.

**HOBBS OCD**  
**OCT 02 2012**  
**RECEIVED**

9/5/12

14 I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Andy Chalker

Title: Operations Manager

Signature

Date: 09/20/2012

**ACCEPTED FOR RECORD**

**/S/ DAVID R. GLASS**

Approved by

SEP 26 2012

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to these rights entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 12. Fictitious or fraudulent statements or representations as to a

(Instructions on page 2)

Please Contact The BLM Roswell Field Office At Least 24 Hours Prior To The Scheduled Casing Integrity Test For Wells In Chaves And Roosevelt County. During Office Hours Or After Office Hours Call (575) 627-0205 Engineer On Call During Office Hours Phone (575) 627-0275 Or Phone (After Hours) Call (575) 626-5749

**ROSWELL FIELD OFFICE**

nt or agency of the United States any false,

**ENTERED IN**

**AFMSS**

**OCT 03 2012**

Co. Rep	M.G	Well No.	35 WIW
Well Name	Milnesand		
Field	MSAU		
County	Roosevelt		
State	NM		
Date	9/5/2012		
Date Comp			
KB	0.00		

Description	O.D	Grade	Weight	Depth	Cmt Sx	TOC
Surface Csg	10 3/4	0	32 5/7	435	425	Surface
Inter Csg	7 5/8	0	26 2/5	4780	1700	0
Prod Csg	5 1/2			4710-9325	175	7935
Liner O.D.	4 1/2	J-55	11.60	4625	580	Surface

### Failure Analysis

Lease	Milnesand	Well #	35 WIW	Field	MSAU
Well Test Data	BOPD	BWPD		MCF	
Unit Name & Size					
Perforations					
TBG Data	138 Jts. 2 3/8 IPC	Pump Size			
Strokes Per. Min.		Stroke Length		Seat Nipple	
Tension		Rods String	Taper 1	Taper 2	
TAC		Rod Grade	Taper 3	Taper 4	
Predictive Load		Actual Load			

LIST DATES, REASON FOR FAILURES & MEASURES TAKEN TP PREVENT SAID FAILURES & NON FAILURE PULLS.

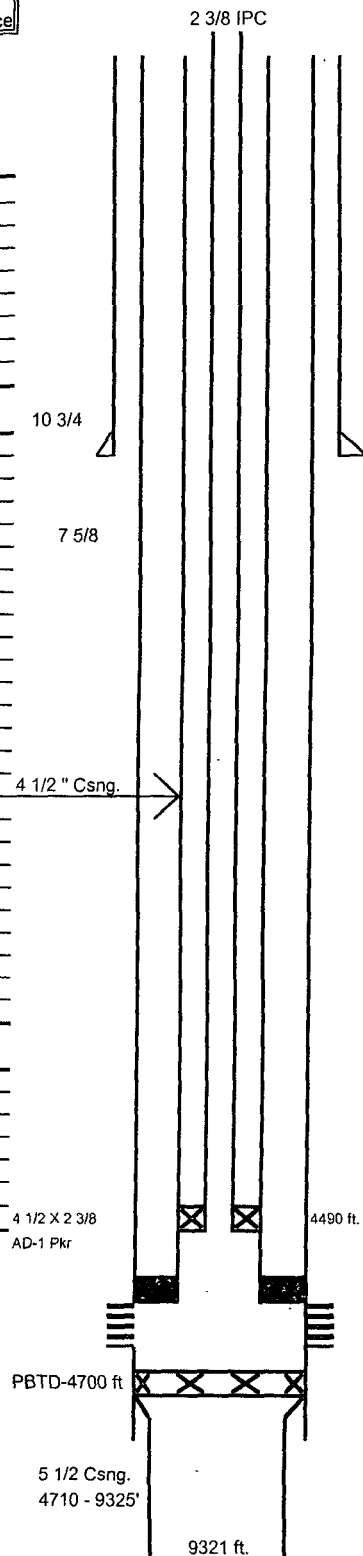
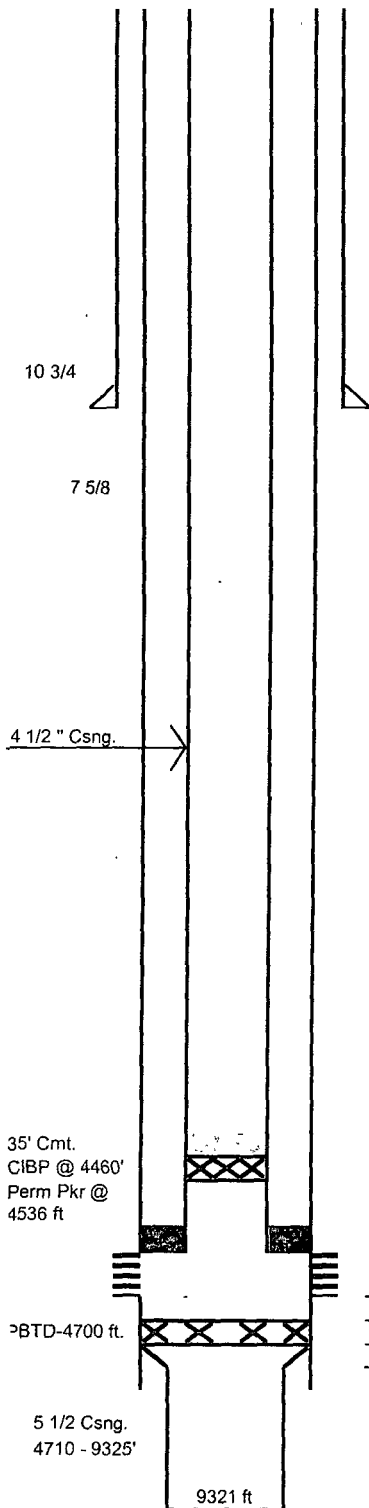
LIST ANY RECOMMENDATIONS TO PREVENT FUTURE FAILURES OR ANY COMMENTS ON WELL CONDITIONS THAT WILL CONTRIBUTE TO FAILURES.

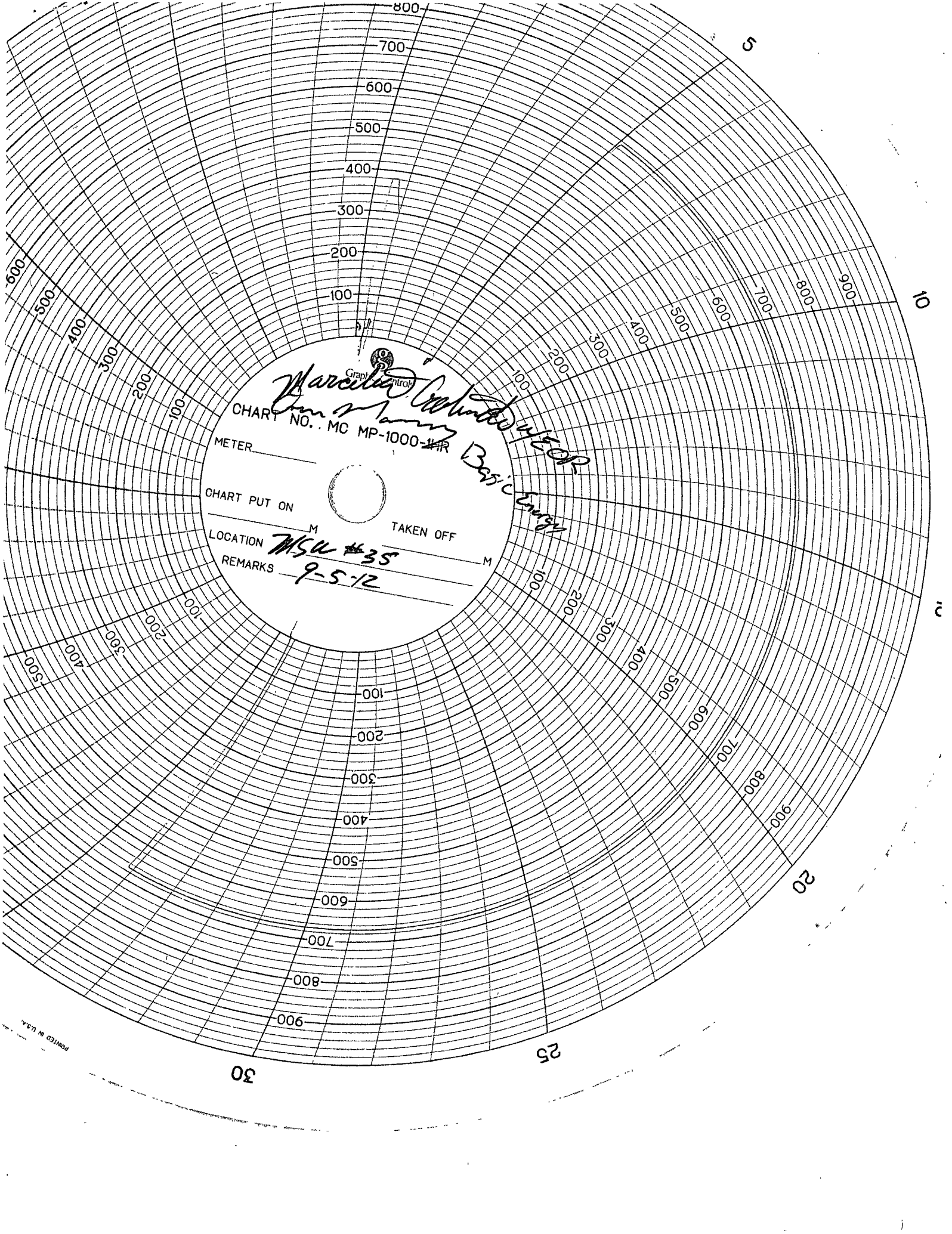
4548-4590, 4600-4632, 4644-4650, 4655-4662, 4665-4675 @ 4 spf

PBTD 4700

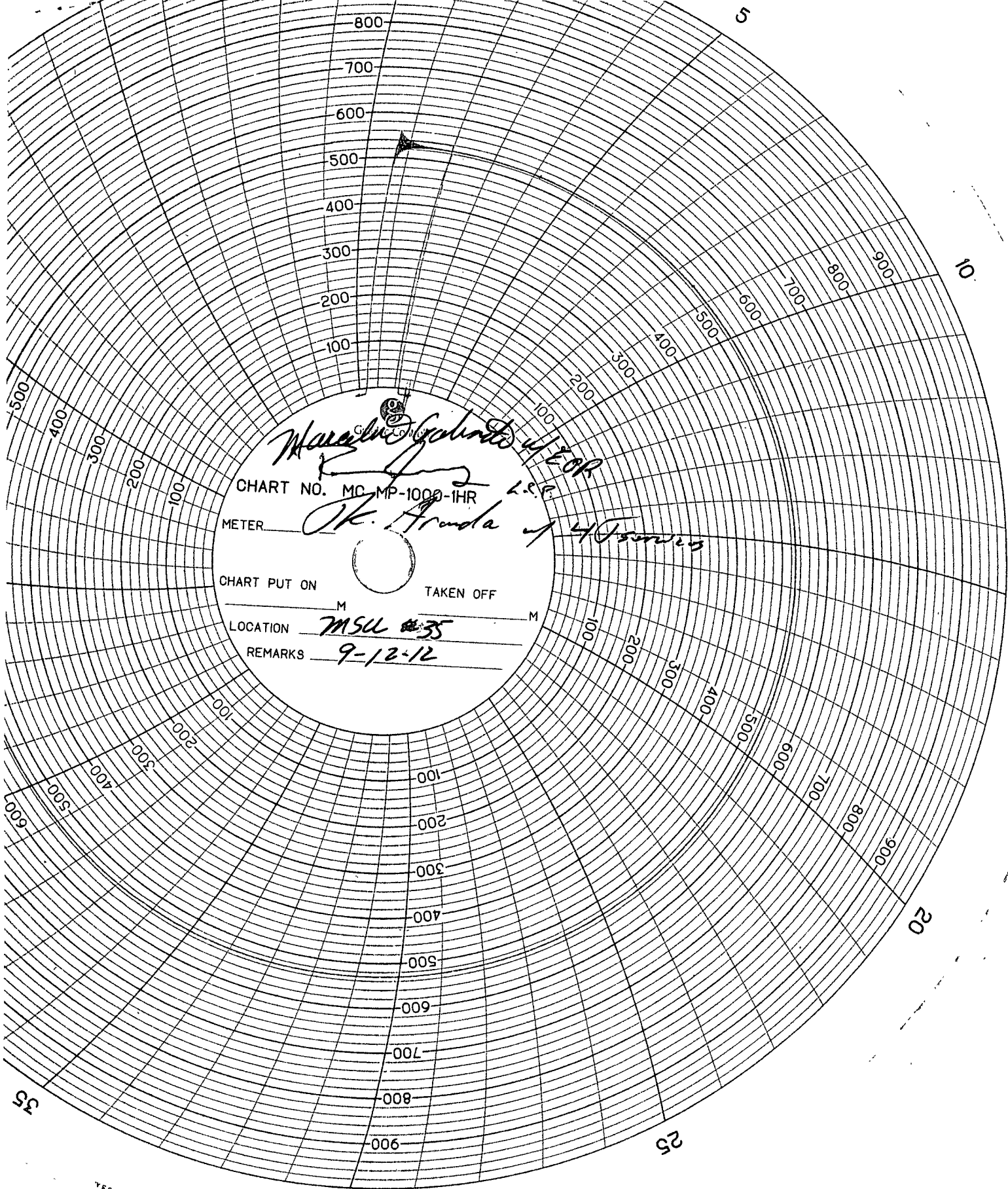
ETD @ 0

TD 9321





*Marcelo Antonio*  
CHART NO. MC MP-1000-41R  
METER \_\_\_\_\_  
CHART PUT ON \_\_\_\_\_  
LOCATION *MSA #35* M TAKEN OFF \_\_\_\_\_ M  
REMARKS *9-5-12*



*Marcelo Galindo U.E.O.R.*

CHART NO. MC-MP-1000-1HR L.S.P.

METER *OK. Aranda* *4/10/12*

CHART PUT ON M TAKEN OFF M

LOCATION *MSL #35*

REMARKS *9-12-12*