

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
HOBBS, NM
Minerals and Natural Resources
OCT 31 2013
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED

Form C-103
Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		WELL API NO. 30-041-10057
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other WIW <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOR Operating Company		6. State Oil & Gas Lease No.
3. Address of Operator 200 N. Loraine, STE 1440 Midland, TX 79701		7. Lease Name or Unit Agreement Name Milnesand Unit
4. Well Location Unit Letter B : 660 feet from the N line and 1980 feet from the E line Section 18 Township 08S Range 35E NMPM County Roosevelt		8. Well Number 187
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 257420
		10. Pool name or Wildcat Milnesand-San Andres

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

EOR Operating Company requests temporary abandonment status for this well.

TA status expired 9/22/2013
See attached MIT chart conducted 10/16/13

DENIED
failed (MIT)
ELG 11-4-2013

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jana True TITLE Production/Regulatory Mgr DATE 10/31/13

Type or print name Jana True E-mail address: jtrue@enhancedoilres.com PHONE: 432-242-4544

For State Use Only

APPROVED BY: Accepted for Record Only TITLE DATE

Conditions of Approval (if any):

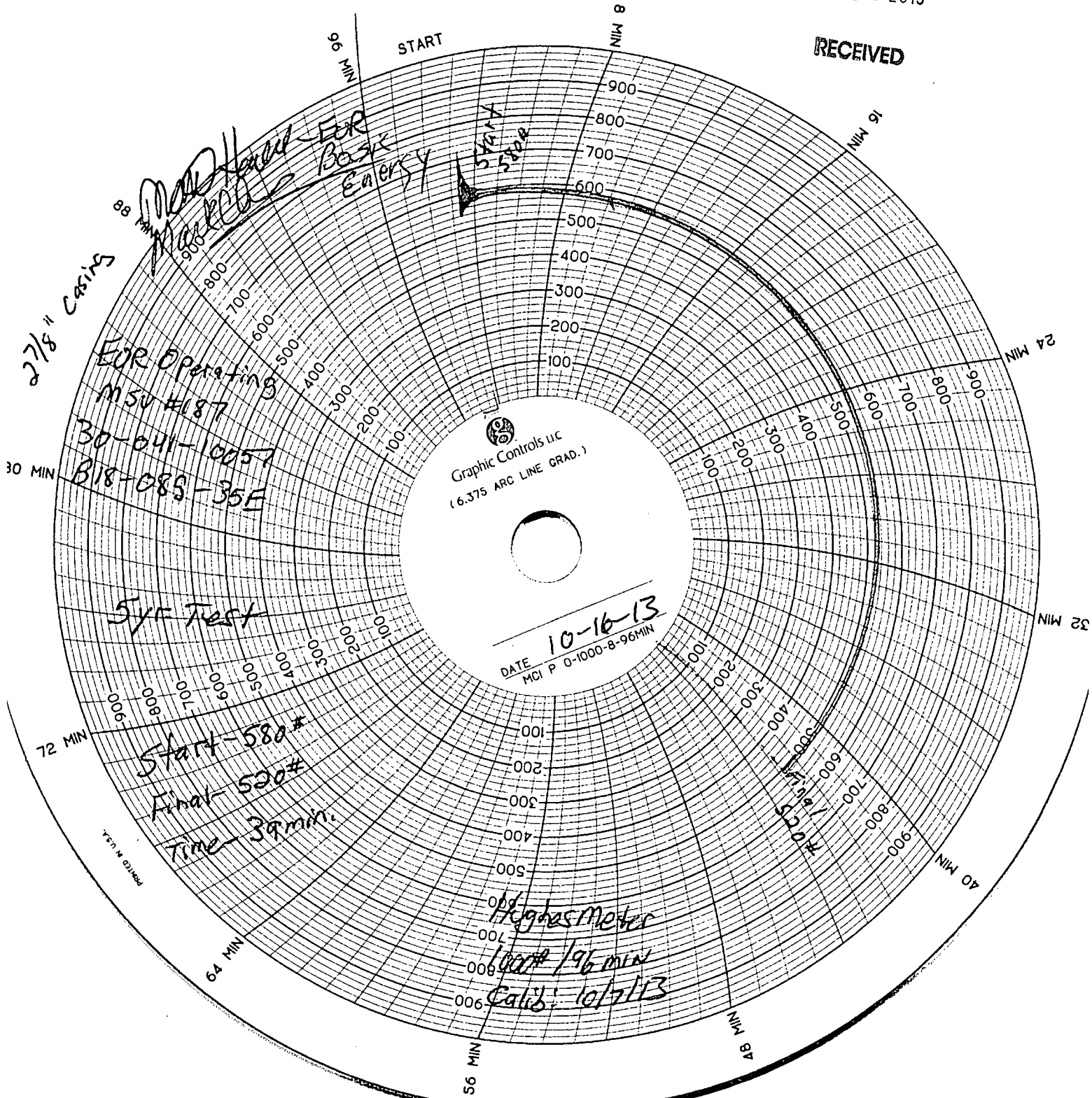
ELG 11-4-2013

NOV 05 2013

HOBBS OCD

OCT 31 2013

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Hughes Meter & Supply Co., Inc.

1206 S. Slaughter, P.O. Box 95
Sundown, Texas 79372
Ph: 806/229-5811 Fax: 806/229-200

CALIBRATION DATA

DATE 10-7-13

TYPE METER 1000#

DEADWEIGHT TESTER

METER BEFORE CALIBRATION

METER AFTER CALIBRATION

100 P.S.I.

90 P.S.I.

100 P.S.I.

250 P.S.I.

245 P.S.I.

250 P.S.I.

500 P.S.I.

500 P.S.I.

500 P.S.I.

800 P.S.I.

800 P.S.I.

800 P.S.I.

900 P.S.I.

900 P.S.I.

900 P.S.I.

1000 P.S.I.

1000 P.S.I.

1000 P.S.I.

REMARKS: _____

SIGNED

Rich Lait