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

HOBBS OCD
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State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

	WELL API NO. 30-041-00251
	5. Indicate Type of Lease STATE ☐ FEE ☐
	6. State Oil & Gas Lease No. [redacted]
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.)	7. Lease Name or Unit Agreement Name ~~Horton Federal~~ Milnesand Unit
1. Type of Well: Oil Well ☐ Gas Well ☒ Other WIW	8. Well Number 54
2. Name of Operator EOR Operating Co.	9. OGRID Number 257420
3. Address of Operator 200 N. Loraine, Suite 1440. Midland, TX 79701	10. Pool name or Wildcat Milnesand; San Andres
4. Well Location Unit Letter H : 2050 feet from the N line and 660 feet from the E line Section 13 Township 08S Range ~~35E~~ 34 NM Roosevelt County	
	11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: MIT Well ☒	

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.

10/7/13- Contacted Donna Mull at OCD to give notice of Bradenhead/MIT testing.
10/8/13- Conducted Bradenhead and MIT tests. See attached Bradenhead Test Report and MIT chart.

Letter of Violation 11/6/13 SAD

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 BHaykus TITLE Regulatory Assistant DATE 10/31/13

Type or print name Brandi Haykus E-mail address: bhaykus@enhancedoilres.com PHONE: 432-242-4545

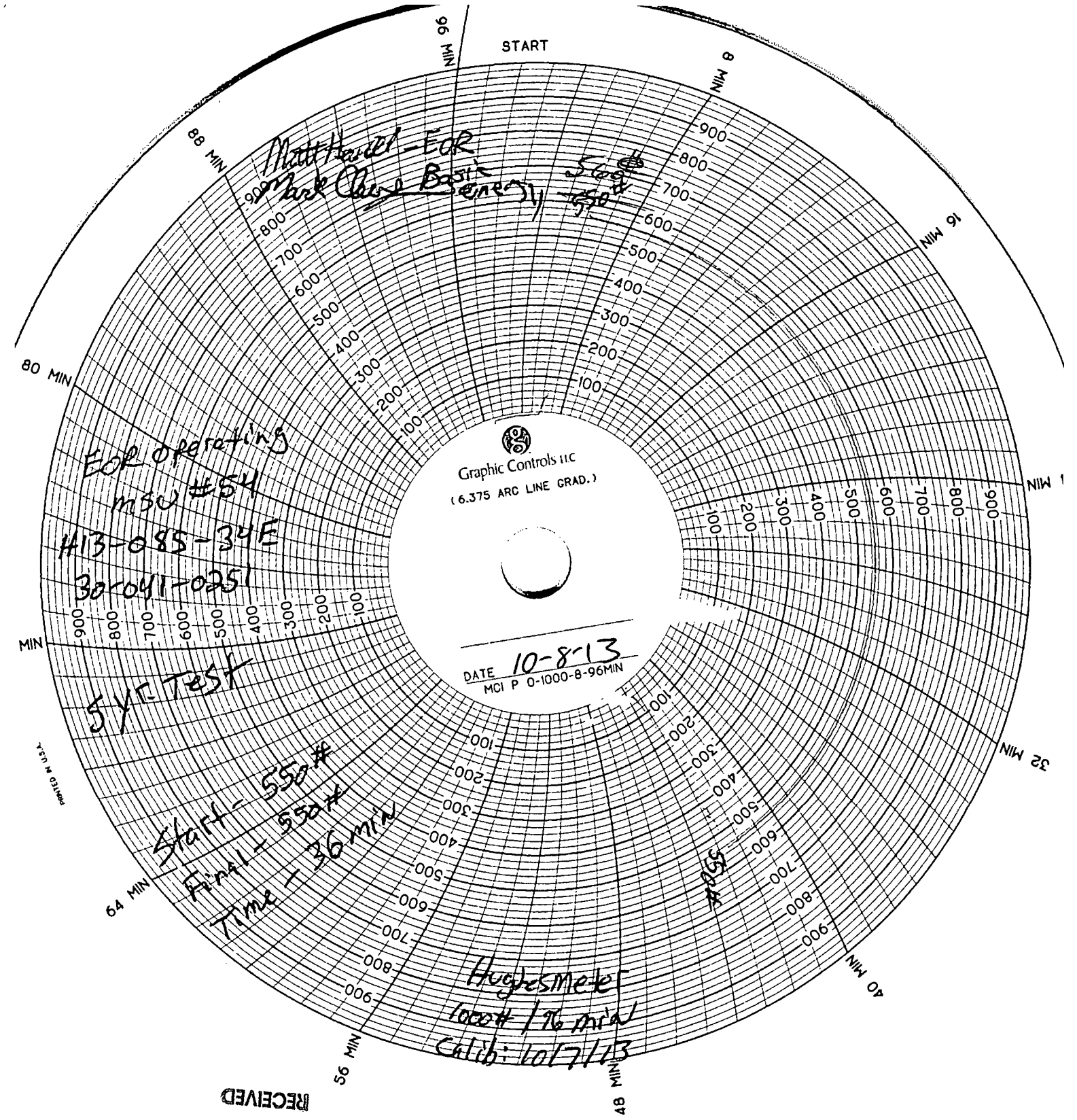
For State Use Only

APPROVED BY: TITLE Dist. Mgr DATE 11-4-2013

Conditions of Approval (if any):

NOV 07 2013

11/6/13



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District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name	* API Number
EOR Operating Company	30-041-00251
Property Name	**Well No.**
Milnesand Unit.	54

7. Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
H	13	08S	34E		2050	N	660	E	Roosevelt

Well Status

Well Status	SHUT-IN	~~PRODUCING~~	DATE	
A	Active	Injection	10-8-13	Injector

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csng	(E)Tubing
Pressure	0	0	0	0	1050
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	
Steady Flow	Y / N	Y / N	Y / N	Y / N	
Surges	Y / N	Y / N	Y / N	Y / N	
Down to nothing	Y / N	Y / N	Y / N	Y / N	
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK

Remarks:

"Letter of Violation" 11/6/13 LAS

EG/OCD 11-7-2013

Signature: Matt Howell	OIL CONSERVATION DIVISION
Printed name: MATT Howell	Entered into RBDMS
Title: Assistant Foreman - EOR Operating	Re-test
E-mail Address: howellmatt10@yahoo.com	
Date: 10-8-13 Phone: 575-607-5947	
Witness:	

Hughes Meter & Supply Co., Inc.

1206 S. Slaughter, P.O. Box 95
Sundown, Texas 7937
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 Mich Lai