

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

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.)	
1. Type of Well: Oil Well ☐ Gas Well ☒ Other WIW ☒	WELL API NO. 30-041-1041 10119
2. Name of Operator EOR Operating Company	5. Indicate Type of Lease STATE ☐ FEE ☐ (Fed)
3. Address of Operator 200 N. Loraine, STE 1440 Midland, TX 79701	6. State Oil & Gas Lease No.
4. Well Location Unit Letter F : 1650 feet from the N line and 1652 feet from the W line Section 29 Township 08S Range 35E NMPM County Roosevelt	7. Lease Name or Unit Agreement Name Horton Federal
	8. Well Number 25
	9. OGRID Number 257420
	10. Pool name or Wildcat Milnesand-San Andres
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:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: MIT Testing ☒

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 test. See attached bradenhead test report.
10/9/13 Conducted MIT. See attached chart

"Letter of Violation" 11/6/13 JTT

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

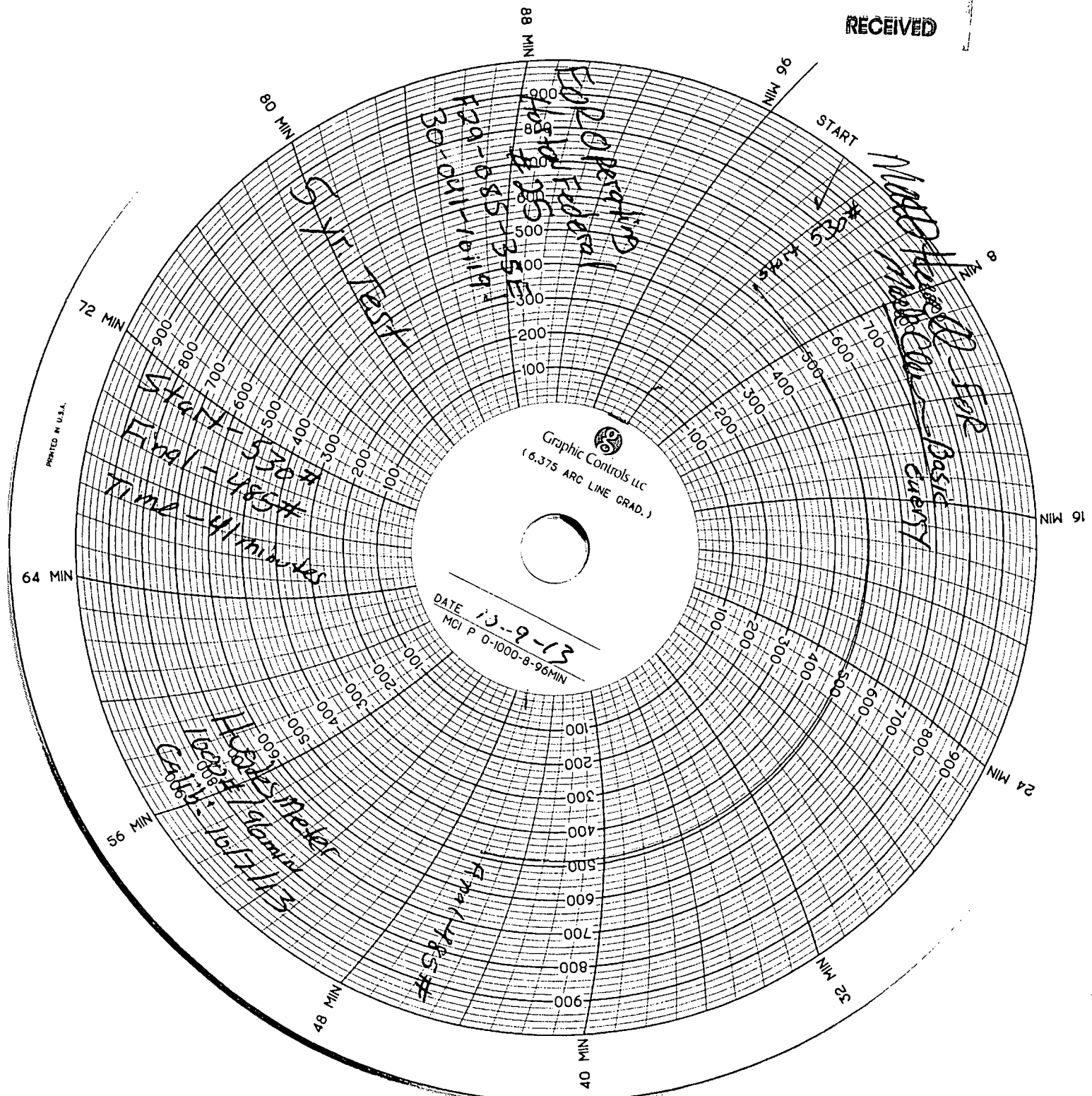
Type or print name Jana True E-mail address: jtrue@enhancedoilres.com PHONE: 432-242-4544
For State Use Only

APPROVED BY [Signature] TITLE DET. MGR DATE 11-4-2013
Conditions of Approval (if any):

NOV 07 2013

0-11/6/13 h

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0-145 2/13

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>EOR operating company</i>	API Number <i>30-041-10119</i>
Property Name <i>Horton Federal</i>	Well No. <i>25</i>

7. Surface Location

UL - Lot <i>F</i>	Section <i>29</i>	Township <i>08S</i>	Range <i>35E</i>	Feet from <i>1650</i>	N/S Line <i>N</i>	Feet From <i>1652</i>	E/W Line <i>W</i>	County <i>Roosevelt</i>
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Well Status

Well Status <i>S.I.</i>	SHUT-IN <i>Shut-in</i>	PRODUCING <i>Producing</i>	DATE <i>10-9-13</i>
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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 Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
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
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Remarks:

"Letter of Violation" 11/6/13
No Injection 56 months. 11/15/13

EEG/ODD 11-4-2013

Signature: <i>Matthew Howell</i>	OIL CONSERVATION DIVISION
Printed name: <i>Matthew Howell</i>	Entered into RBDMS
Title: <i>Assistant Foreman - EOR operating</i>	Re-test
E-mail Address: <i>howellmatt100@ynlap.com</i>	
Date: <i>10-9-13</i>	Phone: <i>575-607-5947</i>
Witness:	

Hughes Meter & Supply Co., Inc.

1206 S. Slaughter, P.O. Box 951
Sundown, Texas 79371
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