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
OCT 31 2013
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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. 30-041-20821	
5. Indicate Type of Lease STATE ☐ FEE ☐	
6. State Oil & Gas Lease No.	
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
1. Type of Well: Oil Well ☐ Gas Well ☒ Other WIW	8. Well Number 38
2. Name of Operator: EOR Operating Company	9. OGRID Number: 257420
3. Address of Operator: 200 N. Loraine, STE 1440 Midland, TX 79701	10. Pool name or Wildcat: Milnesand-San Andres
4. Well Location: Unit Letter H : 1700 feet from the N line and 920 feet from the E line; Section 30 Township 08S Range 35E NMPM County Roosevelt	
	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 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
10/9/13 Conducted bradenhead and MIT tests. See attached MIT chart and bradenhead test report.

Letter of Violation 11/6/13 SD

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: TITLE Dist Mgr DATE 11-4-2013
Conditions of Approval (if any):

NOV 07 2013

O.K. AD 11/6/13

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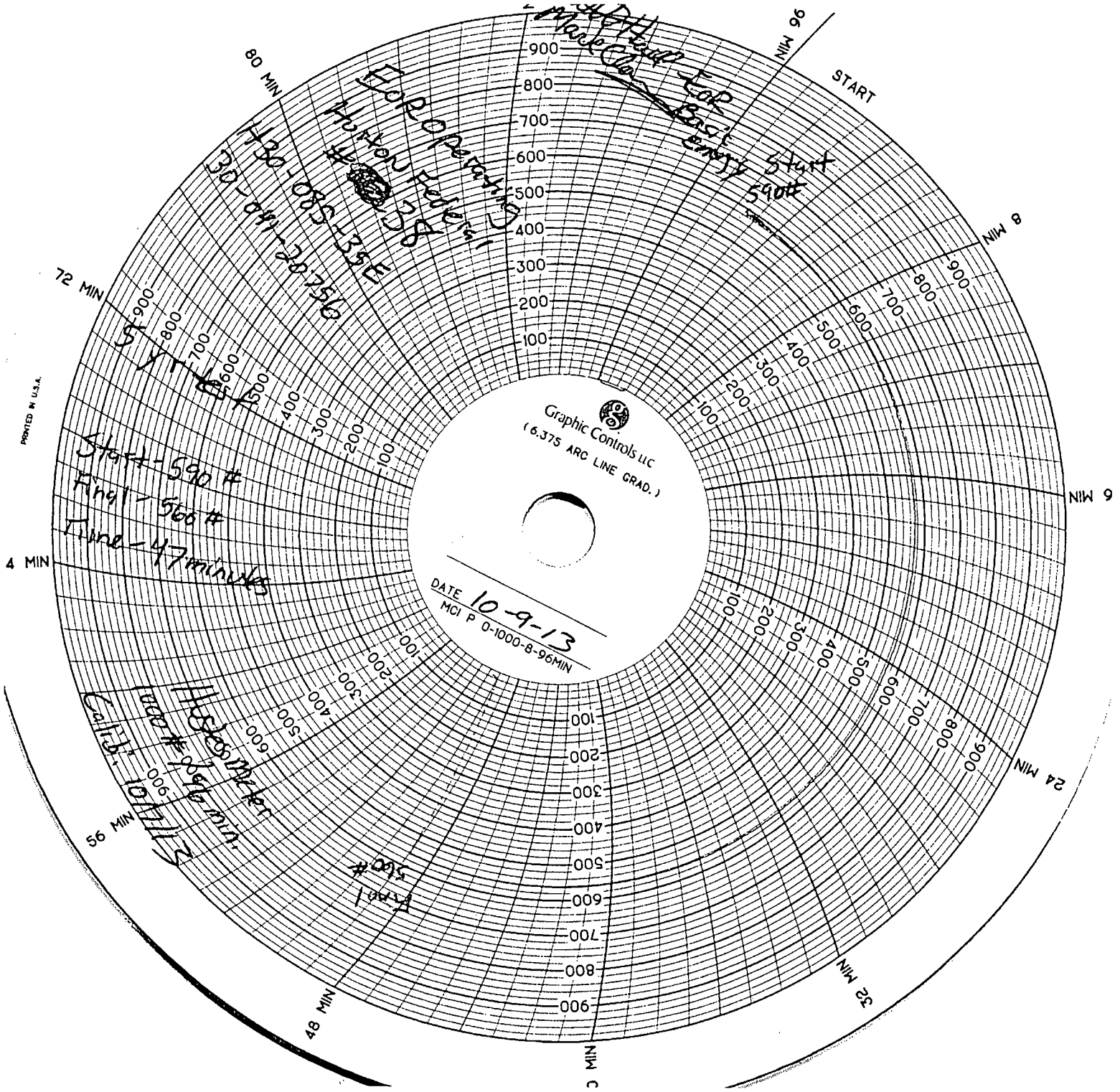

O-SAD
11/6/13

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

HOBBS OCD

OCT 31 2013

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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	30-041-20821
Property Name	**Well No.**
Horton Federal	38

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
H	30	08S	35E		1700	N	920	E	Roosevelt

Well Status

Well Status	SHUT-IN	~~PRODUCING~~	DATE	
SI	✓	Injector	10-9-13	

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	120 psi	0
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:

Puff of gas, followed by small amount of clear, salty water. water trickled for 5 minutes, and then down to nothing after that.

Shut In

Lettered/Notified 11/6/13 AD

EG/DD 11-4-2013

Signature: Matt Howell	OIL CONSERVATION DIVISION
Printed name: Matt Howell	Entered into RBDMS
Title: Assistant Foreman	Re-test
E-mail Address: howellmatt100@yahoo.com	
Date: 10-9-13 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