

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

New Mexico Oil Conservation Division, District 1  
1625 N. French Drive  
Albuquerque, NM 87109  
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 Number  
NMNM0145685  
6. If Indian, Allottee or Tribe Name

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

1. Type of Well  
 Oil Well     Gas Well     Other WIW    **MAY 29 2014**

2. Name of Operator  
EOR Operating Company

3a. Address  
200 N. Loraine, STE 1440  
Midland, TX 79701

3b. Phone No. (include area code)  
432-242-4544

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
330 FNL & 2241 FEL  
Sec. 30, T. 08S, R. 35E

7. If Unit of CA/Agreement, Name and/or No.  
**HOBBS OCD**

8. Well Name and No.  
Horton Federal #7

9. API Well No.  
30-041-10129    **MAY 29 2014**

10. Field and Pool or Exploratory Area  
Milnesand, San Andres    **RECEIVED**

11. County or Parish, State  
Roosevelt, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input 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 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 checked="" 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 recomplete 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 recompletion 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.)

Well failed BHT 10/9/13. Water continued to trickle at surface after 15 minutes.  
EOR Operating conducted MIT test 1/14/14.  
Well passed MIT, chart attached.

**DENIED**

**Denied! This Well Can Not Be Approved For SI/TA Status Since The MIT Test Was Conducted At 300 Psi Instead Of The 500 Psi Required For TA Approval.**

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
Jana True    Title Production Manager

Signature *Jana True*    Date 01/17/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

**DENIED** Approved by **/S/ DAVID R. GLASS**    Title PETROLEUM ENGINEER    Date **MAY 22 2014**

Office **ROSWELL FIELD OFFICE**

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*DENIED - MMS/OCD 6/3/2014*

**JUN 03 2014**

Graphic Controls Inc  
(8.375 ARC LINE GRAD.)

DATE 1-14-14  
MCI P 0-1000-8-96MIN

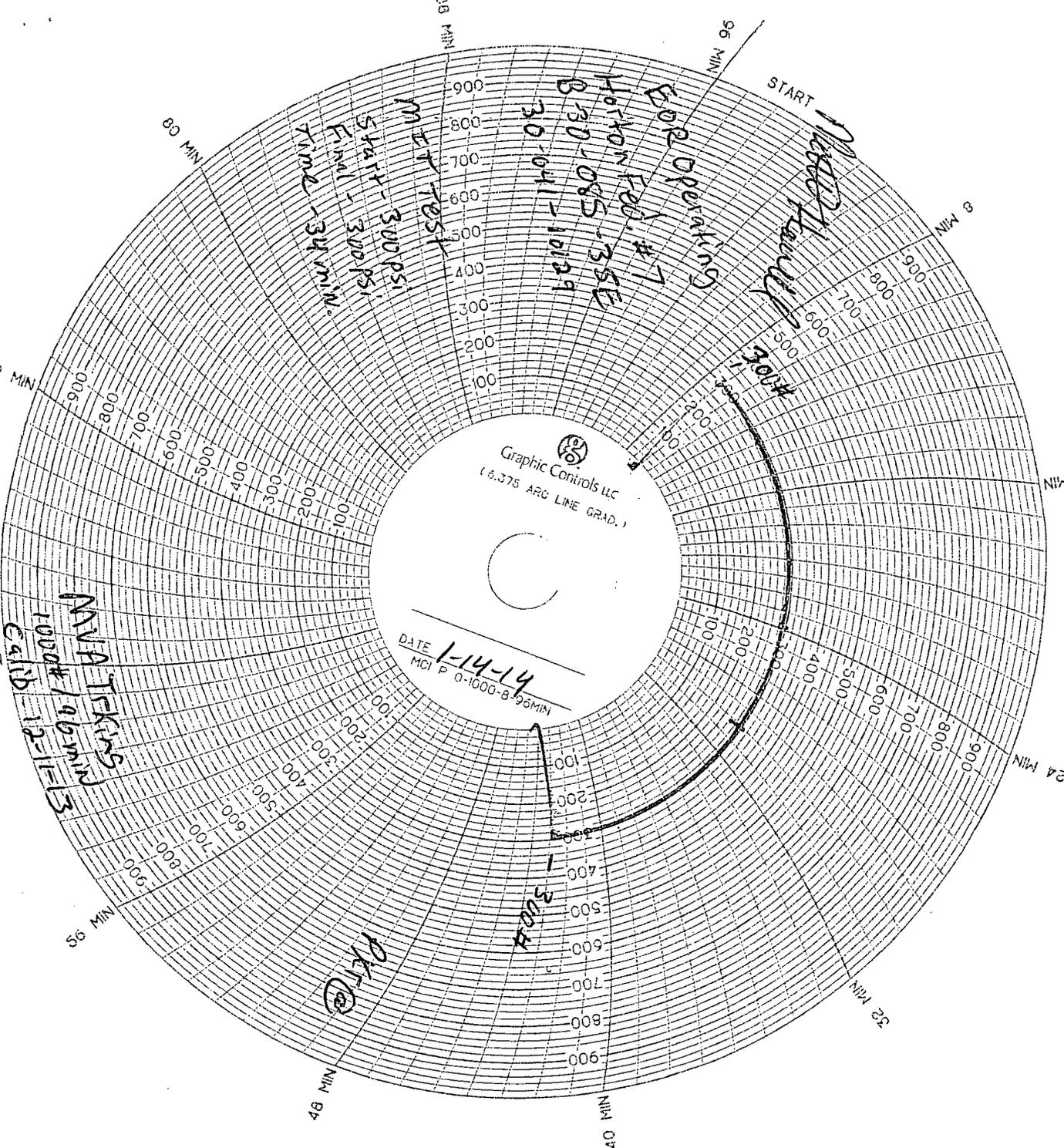
FOR OPERATING  
Horton Feb. #7  
B-30-085-35E  
30-041-10129

NET TEST  
START = 300 PSI  
Final = 300 PSI  
TIME = 34 MIN

NVA TAKING  
1000# / 96 MIN  
C-11-13

PKT

PRINTED IN U.S.A.



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  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-041-10129
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Horton Federal
8. Well Number 7
9. OGRID Number 257420
10. Pool name or Wildcat Milnesand, San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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

2. Name of Operator  
EOR Operating Company

3. Address of Operator  
200 N. Loraine, STE 1440 Midland, TX 79701

4. Well Location  
 Unit Letter B : 330 feet from the N line and 2241 feet from the E line  
 Section 30 Township 08S Range 35E NMPM County Roosevelt

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 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"/>	MIT <input checked="" 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.

Well failed BHT 10/9/13. Water continued to trickle at surface after 15 minutes.

EOR Operating Company will perform mechanical integrity test on 4 1/2" production casing. EOR Operating Co. will notify OCD of results to discuss.

If well does not pass MIT, EOR Operating Co. will submit NOI to OCD with plans to repair.

e-MAILED DM  
 1/10/14 JT 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 1/10/14  
 Type or print name Jana True E-mail address: jtrue@enhancedoilres.com PHONE: 432-242-4544

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_