

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
HOBBS OCD
 OIL CONSERVATION DIVISION
 JUN 18 2014
 20 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

RECEIVED	
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 <input type="checkbox"/> / Gas Well <input checked="" type="checkbox"/> Other WIW	WELL API NO. / 30-025-24143
2. Name of Operator EOR Operating Company	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 200 N. Loraine, STE 1440 Midland, TX 79701	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>E</u> line Section <u>34</u> Township <u>09S</u> Range <u>36E</u> NMPM County <u>Lea</u>	7. Lease Name or Unit Agreement Name Crossroads Siluro Devonian Unit
	8. Well Number 106
	9. OGRID Number 257420
	10. Pool name or Wildcat Crossroads, Siluro Devonian
	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 <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"/>		OTHER <input type="checkbox"/>	MIT <input checked="" 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.

Original chart run and witnessed by Maxey Brown w/ NMOCD on 8/8/13 has been misplaced.
 Well was re-tested 6/2/14 and witnessed by Mark Whitaker w/ NM OCD. Chart attached.

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 Manager DATE 6/9/14

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

For State Use Only
 APPROVED BY: Maxey Brown TITLE Dist Supervisor DATE 6/18/2014
 Conditions of Approval (if any):

JUN 30 2014

HOBBS/OCD

JUN 18 2014

RECEIVED

800
600
500
400
300
200
100

6/2/2014

CHART NO. MC P1000-IHR

V&P GAGE

Graphic Controls



510PSI

485PSI

[Handwritten signature]
DES

[Handwritten signature]
FOR OPERATING

EOR
Crossroads Siluro DW Unit

#106
30-025-24143
H 34-9-36

Packer
@ 12,085

D:U meter
Calib: 3-13-14
1000#/60 min

PRINTED IN U.S.A.

15

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25

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35

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45

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55

0

09

55

Jana True

From: Dickey, Sylvia, EMNRD <sylvia.dickey@state.nm.us>
Sent: Tuesday, May 27, 2014 4:23 PM
To: Jana True
Cc: Brown, Maxey G, EMNRD; Sonnamaker, William, EMNRD
Subject: WFX 914; 30-025-24143

Jana;

Per our conversation earlier this afternoon, please note I have spoken to Maxey Brown, he has stated a message to you also regarding the above well.

Please re-test the well above and allow 24 hours prior notice to our office so that an OCD Field Rep. can witness.

Maxey did witness the one in 2013, however due to the circumstances of the lost pressure test chart, we would like to witness this test.

Thank you, sorry for any confusion.

If you have any questions, please let us know.

sadickey
compliance officer
575-370-3188
575-393-6161 x112