

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

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.)		WELL API NO. 30-04100136
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other (Injector) <input type="checkbox"/> HOBBS OCD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator EOR Operating Company		6. State Oil & Gas Lease No.
3. Address of Operator 777 N. Eldridge Parkway, Suite 150 Houston, TX 77079		7. Lease Name or Unit Agreement Name Milnesand San Andres Unit
4. Well Location Unit Letter F: 1980 feet from the North line and 1980 feet from the West line Section 18 Township 8S Range 35E NMPM Roosevelt County		8. Well Number #183
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 257420
		10. Pool name or Wildcat San Andres

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 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.

MIT test witnessed on 8/12/15

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 Jamie Hogue TITLE VP Regulatory Affairs DATE 8/24/15
Type or print name Jamie Hogue E-mail address: jhogue@enhancedoilres.com PHONE: 832-485-8520
For State Use Only
APPROVED BY: Bill Serrano TITLE Staff Manager DATE 9/23/2015
Conditions of Approval (if any):

SEP 24 2015

PRINTED IN U.S.A.



DATE 8-12-15
BR 2222

START →

FOR OPERATING
MIT

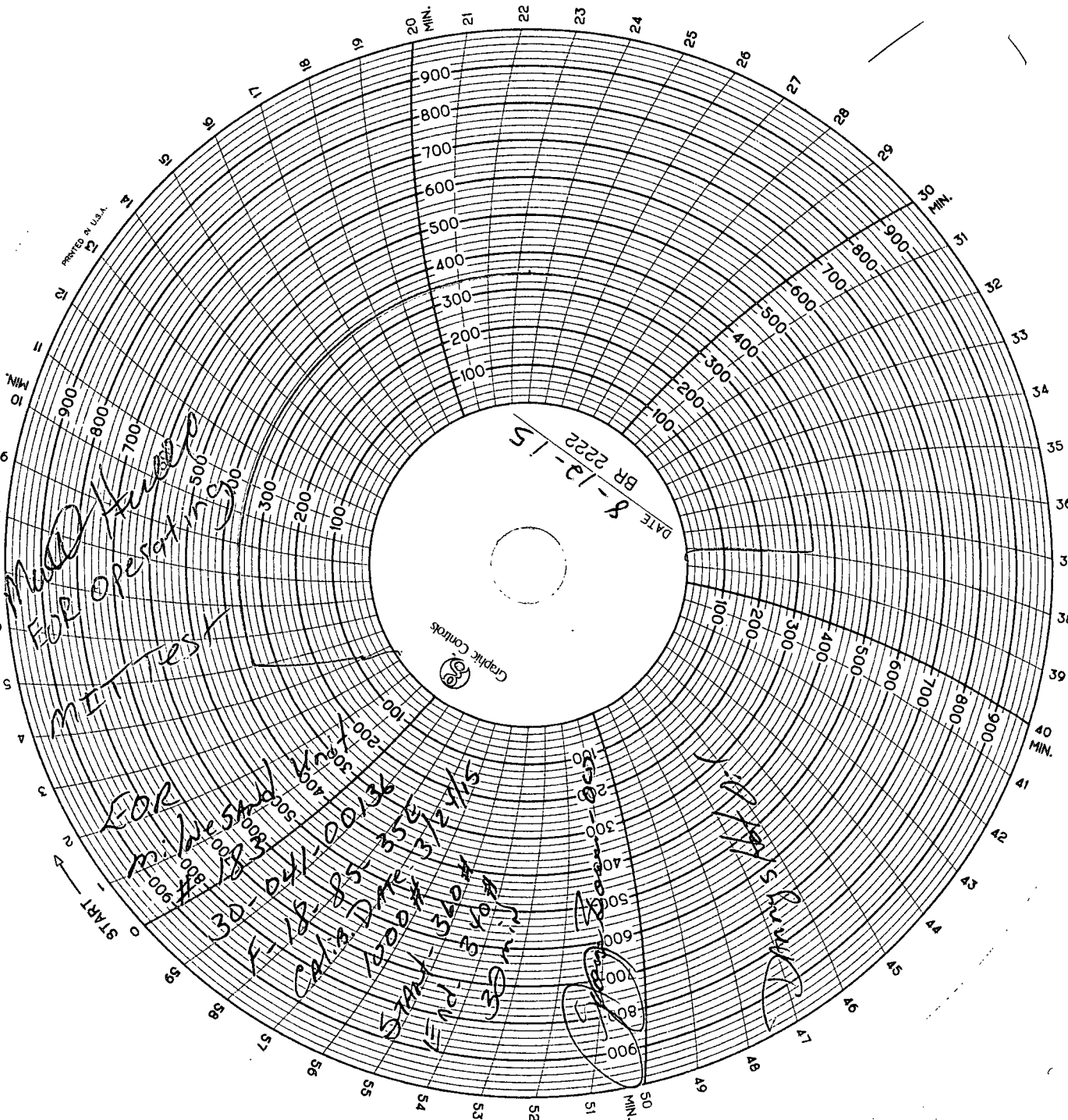
FOR

W. 544
#183

30-041-00136
F-18-85-35E
CALIA DAC
1200#

START-360#
END-340#
30 min

1000
500
200
100



American Valve & Meter, Inc.

1113 W. BROADWAY
P.O. BOX 166 HOBBS, NM 88240

T0: Dannys Hot Oil

This is to certify that:

I, Bud Collins

has checked the calibration of the following instrument.
8" Pressure recorder
at these points.

DATE: 03/24/15

Technician for American Valve & Meter, Inc.

Ser#9945

Test	Pressure #	Found	Left
- 0		-	- 0
- 500		-	- 500
- 700		-	- 700
- 1000		-	- 1000
- 200		-	- 200
- 0		-	- 0

Test	Temperature *or Pressure #	Found	Left
-		-	-
-		-	-
-		-	-
-		-	-
-		-	-
-		-	-

Remarks:

Signature: *Bud Collins*