

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. 30-041-10174
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-3935
7. Lease Name or Unit Agreement Name HALEY SAN ANDRES UNIT
8. Well Number #1
9. OGRID Number 164557
10. Pool name or Wildcat SAN ANDRES; Chaveroo
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4430 DF

**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 (INJECTOR)

2. Name of Operator  
RIDGEWAY ARIZONA OIL CORP

3. Address of Operator  
777 N. ELDRIDGE PARKWAY, SUITE 150, HOUSTON, TX 77079

4. Well Location  
 Unit Letter \_\_\_\_\_ D: 660 feet from the NORTH line and 660 feet from the WEST line  
 Section 33 Township 7S Range 33E NMPM County ROOSEVELT

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4430 DF

HOBBS OCD  
 OCT 16 2015  
 RECEIVED

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 checked="" 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"/>	

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 WILL NOT PASS MIT. INTEND TO REPAIR WELL.

- RU, POOH WITH TUBING & EXISTING PACKER.
- RIH WITH BIT & SCRAPER TO BOTTOM & CLEAN OUT FILL
- RIH W/PACKER & PLUG. TEST CASING. IF CASING NEEDS REPAIR, LOCATE HOLE & SQUEEZE. DRILL OUT CEMENT.
- RIH WITH 2 3/8" TUBING AND PACKER. SET PACKER AT APPROXIMATELY 4130'
- TEST ANNULUS TO 500 PSI. NIPPLE UP WELL HEAD. RDMO
- CONTACT OCD TO WITNESS MIT AND T/A WELL

**The Oil Conservation Division  
 MUST BE NOTIFIED 24 Hours  
 Prior to the beginning of operations**

*C.O.A. SUBMIT CURRENT WELLBORE DIAGRAM.*

*CONTACT OF PRIOR TO* → IF WELL REMAINS INCAPABLE OF PASSING MIT, A DECISION WILL BE MADE TO EITHER SLIM HOLE OR P&A WELL

Per Underground Injection Control Program Manual

Spud Date: 10/16/15 Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. Rig Release Date: \_\_\_\_\_

**Condition of Approval: notify  
 OCD Hobbs office 24 hours  
 prior of running MIT Test & Chart**

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 10-6-2015

Type or print name JAMIE HOGUE E-mail address: jhogue@enhancedoilres.com PHONE: 832-485-8522

**For State Use Only**

APPROVED BY: Mary Brown TITLE: Dist. Supervisor DATE: 10/19/2015

Conditions of Approval (if any):

*106 MONTHS - NO PROD. REPORTED OCT 20 2015*