

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.  
 30-005-10490 **30-005-10490**

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.  
 OG-1195

7. Lease Name or Unit Agreement Name  
 HALEY SAN ANDRES UNIT

8. Well Number #35

9. OGRID Number  
 164557

10. Pool name or Wildcat  
 CHAVEROO; 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 (INJECTOR)  **HOBBS OCD**

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 **F** : 1980 feet from the **NORTH** line and 1980 feet from the **WEST** line  
 Section **3** Township **8S** Range **33E** NMPM County **Roosevelt Chaves**

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

**OCT 23 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"/>		OTHER: <input type="checkbox"/>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>			

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give specific 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.

**Rule 19.15.25.14**  
 Set CIBP, RBP or Packer within 100 feet of uppermost perfs or open hole Pressure test to 500 psi for 30 minutes with a pressure drop of not greater than 10% over a 30 minute period

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 4135'
- TEST ANNULUS TO 500 PSI. NIPPLE UP WELL HEAD. RDMO
- CONTACT OCD TO WITNESS MIT AND T/A WELL

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

Spud Date:  Rig Release Date:

**Condition of Approval: notify**  
**Condition of Approval: notify**  
**OCD Hobbs office 24 hours**  
**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: Maley Brown TITLE: Dist Supervisor DATE: 10/26/2015

Conditions of Approval (if any): 57 MONTHS - NO PROD REPORTED **OCT 27 2015** hm