

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. 30-0911055 30-005-10551
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-1195
7. Lease Name or Unit Agreement Name HALEY SAN ANDRES UNIT ✓
8. Well Number #42
9. OGRID Number 164557
10. Pool name or Wildcat CHAUVEROO; 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)

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 P : 990 feet from the SOUTH line and 660 feet from the EAST line
 Section 3 Township 8S Range 33E NMPM County ROOSEVELT Chaves

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

HOBBS OCD
 OCT 16 2015
 RECEIVED

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 including the anticipated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

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

CONTACT OCD PRIOR TO ?

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
 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's Brown TITLE Dist Supervisor DATE 10/26/2015

Conditions of Approval (if any): 94 MONTHS - NO PROD REPORTED OCT 27 2015 hm