

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. 30-041-10218
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-1369
7. Lease Name or Unit Agreement Name HALEY SAN ANDRES UNIT <i>Chaveroo</i>
8. Well Number #5
9. OGRID Number 164557
10. Pool name or Wildcat SAN ANDRES; CHAVEROO

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 (INJECTION) ☐ **HOBBS OCD**

2. Name of Operator  
RIDGEWAY ARIZONA OIL CORP */* **OCT 23 2015**

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

4. Well Location  
Unit Letter D : 660 feet from the NORTH line and 660 feet from the WEST line  
Section 34 Township 07S Range 33E NMPM County ROOSEVELT

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 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.

1. RU, POOH WITH TUBING AND EXISTING PACKER
2. RIH WITH BIT & SCRAPER TO BOTTOM & CLEAN OUT ANY FILL
3. RIH W/PACKER & PLUG. TEST CASING. IF CASING NEEDS REPAIR, LOCATE HOLE & SQUEEZE. DRILL OUT CEMENT
4. RIH WITH 2 3/8" IPC TUBING & PACKER. SET PACKER AT APPROX. 4010'.
5. TEST ANNULUS TO 500 PSI. NU WELL HEAD. RDMO.
6. CONTACT OCD TO WITNESS MIT AND T/A WELL.

Condition of Approval: notify  
OCD Hobbs office 24 hours

prior of running MIT Test & Chart

Spud Date:

Rig Release Date:

Rule 19.15.25.14

Set CIBP, RFP 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

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Jamie L Hogue* TITLE VP REGULATORY AFFAIRS DATE 10/19/15

Type or print name Jamie L Hogue E-mail address: jhogue@enhancedoilres.com PHONE: 832-485-8522

For State Use Only

APPROVED BY: *Mary Brown* TITLE Dist Supervisor DATE 10/26/2015

Conditions of Approval (if any):

173 MONTHS - NO PROD REPORTED **OCT 27 2015**