

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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. 30-041-10195
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTION</u>		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. 257420
3. Address of Operator ONE RIVERWAY, SUITE 610, HOUSTON, TX 77056		7. Lease Name or Unit Agreement Name MILNESAND UNIT
4. Well Location Unit Letter <u>H</u> : <u>2310</u> feet from the NORTH line and <u>990</u> feet from the EAST line Section <u>19</u> Township <u>8S</u> Range <u>35E</u> NMPM County <u>ROOSEVELT</u>		8. Well Number MSU # 317
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4231' GL		9. OGRID Number 257420
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat MILNESAND (SAN ANDRES)
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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"/>	
OTHER: _____		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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

START DATE: 4/15/08
WELL FAILED MIT.

- 1.) RU, POOH W/TBG & EXISTING PKR. RIH W/ BIT & SCRAPER TO BOTTOM & CLEAN OUT FILL.
- 2.) RIH W/PKR & PLUG, TEST CSG. IF CSG NEEDS REPAIR. LOCATE HOLE & CEMENT SQZ. DRILL OUT CEMENT.
- 3.) RIH W/ EXITING 2 3/8" IPC TBG. REPLACE TBG IF NEEDED. RUN NEW 4 1/2" HES G6 PKR. SET PKR @ APPROXIMATELY 4500'.
- 4.) CIRCULATE PACKER FLUID. SET PKR & TEST ANNULUS TO 500 PSI.
- 5.) NIPPLE UP WELL HEAD. RD, MOVE OFF PULLING.
- 6.) (4 1/2" 9.5# CSG @ 4717', PERFS 4633'-4706')

RECEIVED

APR 07 2008

HOBBS OCD

90 days! Ckl

Condition of Approval: Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE LM TITLE Sr. Well Operations Supervisor DATE 4/4/08

Type or print name: Lawrence A. Spittler, Jr. E-mail address: lspittler@enhancedoilres.com Telephone No.: 432-687-0303

For State Use Only

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE APR 16 2008
Conditions of Approval (if any):