Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 8824	nergy Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II	IL CONSERVATION DIVISION	30-041-20647
District III	1501 W. Olding 7100., 7 Hicsia, 1401 00210	
1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr. 7 20 Santa Fe, NM 87505	STATE FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	RC MIN	6. State Oil & Gas Lease No. 257420
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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		MILNESAND UNIT /
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other		8. Well Number MSU # 522
2. Name of Operator EOR OPERATING COMPANY	/	9. OGRID Number 257420
3. Address of Operator		10. Pool name or Wildcat
ONE RIVERWAY, SUITE 610, HOUSTO	N, TX 77056	MILNESAND (SAN ANDRES)
4. Well Location		
Unit Letter b : 90 feet from the NORTH line and 1360 feet from the EAST line		
Section 13 Township 8S Range 34E NMPM County ROOSEVELT		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
4247' GL Pit or Below-grade Tank Application or Closure		
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		
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK X, ALTERING CASING		
-	IGE PLANS COMMENCE DR	_
PULL OR ALTER CASING		
OTHER: OTHER:		
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.		
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COMPLETION DATE: 2/14/08		
1.) RU, POOH W/ PUMP, RODS & TBG. RIH W/ BIT & SCRAPER TO BOTTOM & CLEAN OUT FILL FROM 4635'- 4675'.		
2.) RU GRAY WIRELINE, ADDED PERFORATIONS 4524'- 4614' 4JSPF.		
3.) RIH W/ BIT & SCRAPER TO TD. TOH W/ BIT & SCRAPER.		
4.) RIH W/5 ½" RTTS PKR TO 4624". TEST ANNULUS TO 500 PSI. TOH W RTTS PKR.		
5.) TIH W/ HES PPI TOOL. ACIDIZED PERFORATIONS W/ 9400 GALS OF 15% HCL ACID. FLUSHED W/50 BBLS OF FRESH WATER. TOH W/ HES PPI TOOL.		
6.) RIH W/ NEW 2 3/8" J-55 TBG. @ 4634', NEW 2"X1 ½"X16' ROD PUMP, 184 NEW ¾" SUCKER RODS, NEW POLISH		
ROD & LINER, NEW 2 3/8" PUMPING "T" & STUFFING BOX.		
7.) NIPPLE UP WELL HEAD. HANG WELL ON. 8.) RD, MOVE OFF PULLING.		
6.) KD, MOVE OF TOLLING.		
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 X, a general permit or an (attached) alternative OCD-approved plan .		
SIGNATURE ALL	TITLE_Sr. Well Operations S	SupervisorDATE4/4/08
Type or print name: Lawrence A. Spittler, J For State Use Only	r. E-mail address: lspittler@enhancedoilre	es.com Telephone No.:432-687-0303
APPROVED BY: Chair Uselle	ane TITLE TITLE	MENTAL MANAGETTE N 2 7 2008

Conditions of Approval (if any):