Submit 3 Copies To Appropriate Distri	ict	State of New Me	exico		Form C-103
District I	EMETER	Minerals and Natu	ıral Resources	WELL ADINO	May 27, 2004
1625 N. French Dr., Hobbs, NM 8824 District II	ELEIVE			WELL API NO. 30-005-10490	
1301 W. Grand Ave., Artesia, NM 882	10	ONSERVATION		5. Indicate Type of L	ease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 III 1 7 7008 St. F. NM 87505				STATE 🔯	FEE /
District IV Santa Fe, NM 8/303				6. State Oil & Gas Le	ease No.
1220 S. St. Francis Dr., Santaffe, NA				303378	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Un	it Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				HALEY CHAVEROO	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				8. Well Number 35	
1. Type of Well: Oil Well Gas Well Other INJECTION				8. Well Number 33	
2. Name of Operator				9. OGRID Number	
RIDGEWAY ARIZONA OIL CORP.				164557	
3. Address of Operator ONE RIVERWAY, SUITE 610, HOUSTON, TX 77056				10. Pool name or Wil	dcat Chaveroo;
				SAN ANDRES	
4. Well Location					
Unit Letter F_:1980					
Section 3 To	wnship 08S	Range 33E	NMPM	County ROOSEVELT	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application	or Closure 🗌				
		ice from nearest fresh v	vater well Dista	nce from nearest surface w	ater
		e Tank: Volume		struction Material	

12. Cliec	k Appropriate i	box to indicate in	ature of Notice, R	Report or Other Dat	.a
NOTICE OF	INTENTION 7	ГО:	SUBS	EQUENT REPO	RT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PL	_	COMMENCE DRIL	LING OPNS.□ PA	ND A
PULL OR ALTER CASING	☐ MULTIPLE C	OMPL	CASING/CEMENT	JOB 🗌	
OTHER:			OTHER:		П
13. Describe proposed or co	mpleted operation	s. (Clearly state all 1		give pertinent dates, in	cluding estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion					
or recompletion.					
START DATE: 8/1/08					
WELL FAILED MIT.					
WEELTIMBED MIT.					
				D BOTTOM & CLEAN	
2.) RIH W/PK	R & PLUG, TEST	CSG. IF CSG NEEI	OS REPAIR. LOCAT	E HOLE & CEMENT	SQZ. DRILL OUT
CEMENT.	TTING 2 1/16" ID	TDC DEDIACES	FDC IE NEEDED. Di	ININEW 2 7/02 ITES	CANUD GET DUD O
3.) RIH W/ EXITING 2 1/16" IPC TBG. REPLACE TBG IF NEEDED. RUN NEW 2 7/8" HES G6 PKR. SET PKR @ APPROXIMATELY 4421'.					
4.) CIRCULATE PACKER FLUID. SET PKR & TEST ANNULUS TO 500 PSI.					
		D, MOVE OFF PUI			•
I hereby certify that the informati	on above is true an	d complete to the be	set of my knowledge	and haliaf I c	
grade tank has been/will be constructed	d or closed according t	o NMOCD guidelines 5	a general permit \square or	and venen. I turther cer	OCD approved plan
	/.	guidennes E	a general permit 🗀 or	an (attached) after hative	oc <i>u-</i> approved pian □.
SIGNATURE		TITLE_Sr	. Well Operations Su	pervisorDATE	7-16-01
Trung on maint arrows	n godina i i =				
Type or print name: Lawrence A For State Use Only	A. Spittler, Jr. E	-mail address: lspit	tler@enhancedoilres.	com Telephone No.	:432-687-0303
roi State Use Ulliy					JUL 25 2008
APPROVED BY: Au	~ Uldien	~ OC PISTRI	CT SUPERVISOR/GE	NERAL MANAGEDA	TE C C C C C C C C C C C C C C C C C C C
Conditions of Approval (if any):					