

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

WELL API NO. 30-041-10144
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No. 303378
7. Lease Name or Unit Agreement Name HALEY CHAVEROO UNIT
8. Well Number 3
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION	
2. Name of Operator RIDGEWAY ARIZONA OIL CORP.	
3. Address of Operator ONE RIVERWAY, SUITE 610, HOUSTON, TX 77056	
4. Well Location Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line Section 33 Township 7S Range 33E NMPM County ROOSEVELT	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4430' DF	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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	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: Temporally Abandoned Well <input checked="" 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: 7/30/08 COMPLETED DATE: 8/6/08  
WELL WAS A WATER INJECTOR THAT FAILED ITS MIT.  
COMPLETED WELL AS A (T/A) TEMPORAIRLLY ABONDONED WELL.

- 1.) RU, POOH LD TBG & EXISTING PKR. RIH W/ BIT & SCRAPER TO BOTTOM.
- 2.) RIH W/PKR & PLUG, TEST CSG. GOOD
- 3.) RU ELECTRIC LINE. SET 4 1/2" @ 4208'. PLACED 35' OF CEMENT ON TOP OF CIBP. RD ELECTRIC LINE CO.
- 4.) CIRCULATE PACKER FLUID. TESTED ANNULUS TO 500 PSI.
- 5.) NIPPLE UP WELL HEAD. RD, MOVE OFF PULLING UNIT.
- 6.) 8/6/08 CONDUCTED (MIT) MECHANICAL INTRGRITY TEST WITH OCD MAXEY BROWN AS WITNESS TO TEST:  
START TEST WITH 540 PSI. 30 MIN. FINAL TEST 540 PSI. TESTED GOOD.  
(4 1/2" 10.5# CSG @ 4515', PERFS 4277'-4431', SQZ PERFS 4409'-4468')

This Approval of Temporary  
Abandonment Expires 8/18/2013

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 [Signature] TITLE Sr. Well Operations Supervisor DATE 8/13/08

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: [Signature] TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE AUG 18 2008  
Conditions of Approval (if any):

# HALLIBURTON

## PLUG SETTING RECORD

FBM <b>70</b>	
MBU ID / EMPL # <b>278233 HO0604</b>	
LOCATION <b>Hobbs, NM</b>	
TICKET AMOUNT	
WELL LOCATION	
LEASE <b>HALEY CSA UNIT</b>	WELL # <b>3</b>

COUNTRY <b>North America</b>
H.E.S. EMPLOYEE NAME <b>MICHAEL CAYLOR</b>
COMPANY <b>EOR</b>
WELL TYPE
DEPARTMENT <b>5006</b>
SEC / TWP / RNG

TICKET # <b>6078217</b>	TICKET DATE <b>4-Aug-08</b>
PROVINCE / STATE <b>New Mexico</b>	COUNTY
PSL DEPARTMENT <b>Logging and Perforating</b>	
CUSTOMER REP	PHONE NUMBER
API/UWI #	
JOB PURPOSE CODE <b>7459</b>	

Plug Setting Record				
1. Setting Tool Size <b>3.5"</b>	2. Setting Tool Type <b>SHORTY</b>	3. Plug (size \ type) <b>CIBP</b>	4 Plug (O.D.)	5. Time Set

Gamma  
DEPTH

4201

Gamma  
MEASURING POINT



TOP OF PLUG  
ELEMENT

7

BOTTOM OF PLUG

8.5

TOP OF  
PLUG

PLUG SET @

4208

COLLAR ABOVE

COLLAR BELOW

