

RECEIVED

JAN 28 2009

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-041-20769

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

12049

7. Lease Name or Unit Agreement Name
TUCKER8. Well Number
0059. OGRID Number
16455710. Pool name or Wildcat SWD
CHAVEROO, SAN ANDRES

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 ☒ SWD

2. Name of Operator

RIDGEWAY ARIZONA OIL CORP.

3. Address of Operator

ONE RIVERWAY, SUITE 610, HOUSTON, TX 77056

4. Well Location

Unit Letter M: 1310 feet from the SOUTH line and 1310 feet from the WEST line
Section 24 Township 7S Range 32E NMPM County ROOSEVELT11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4452.6' GRPit 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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER:

OTHER ☒ MIT

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.

TEST DATE: 1/12/09

MECHANICAL INTEGRITY TEST

- 1.) RU, KILL TRCUK. UNABLE TO PRESSURE UP ON CASING. BLED PRESSURE OFF CSG.
- 2.) WELL DID NOT PASS THE MIT. OCD WITNESS ROBERT HARRISON ON SITE.
- 3.) SI INJECTION WELL.

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 Lawrence A. Spittler, Jr. TITLE Sr. Well Operations Supervisor DATE 1/26/09

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

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APPROVED BY: Lawrence A. Spittler, Jr. TITLE DISTRICT 1 SUPERVISOR DATE JAN 28 2009

Conditions of Approval (if any):