New Mexico Oil Conservation Division, District I

1625 N. French Drive

Hobbs, NM 88240

Form 3160-5 (August 2007) JAN 1 DEPARTMENT OF THE INTERIOR HOBBSBUREAU OF LAND MANAGEMENT

OMB No 1004-0137 Expires July 31, 2010

FORM APPROVED

5. Lease Serial No. NMLC-062178

SUNDRY	NOTICES AND REPORTS ON WELLS
Do not use this	form for proposals to drill or to re-enter an
	Use Form 3160-3 (APD) for such proposals

Do not use this abandoned well.	form for proposals to Use Form 3160-3 (AF	drill or to re-enter PD) for such propo	an	Allottee or Tribe Na	me	
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well				- Milnesand Unit		
Oil Well Gas Well Other				8. Well Name and No. Milnesand Unit No.514		
2. Name of Operator EOR Operating Company Inc.				9. API Well No. / 30-041-00261		
3a. Address 200 N. Loraine, Suite 1440 Midland,TX.79701	i	b. Phone No. <i>(include area</i> 132.687,0303	a code) 10. Field and San Andres	Pool or Explorator	y Area	
4. Location of Well (Footage, Sec., T.,		102.001.000	11. Country o	r Parish, State	/	
1980'FSL/1980'FEL-NW1/4-SE1/4-24/8S/34E	√		Roosevelt C	•	/	
12. CHE	CK THE APPROPRIATE BOX	(ES) TO INDICATE NAT	URE OF NOTICE, REPORT (OR OTHER DATA		
TYPE OF SUBMISSION			TYPE OF ACTION			
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Re	· ==	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete	Z 01	her Environmental Clean	
	Change Plans	Plug and Abandon	Temporarily Abando	n	Up of Location	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
Cleared trash and debris on local Concrete base was not removed. Stained soil was treated in place. Your Sundry has bee and an extension has the existing concrete 2010. Once removal is additional Sundry must	We will move the base as swith nitrogen fertilizer and was accepted for recombeen granted to recomb location by Marchas been complete	soon as we can get a large attered in. ord emove ACCE ch 1,	PTED FOR RECOR	10	RECEIVED	
14. I hereby certify that the foregoing is tr	rue and correct Name (Printed/I	Syped)				
Andy Chalker		Title Sr. Or	perations Supervisor			
Signature Arrely Chall	<u></u>	Date 11/30	/2009			
l	THIS SPACE FO	OR FEDERAL OR S	STATE OFFICE USE			
Approved by	6	JAH JISTRI	GT 1 SUPERVISO	P Date	MAN 1 3 2010	
Conditions of approval, if any, are attached that the applicant holds legal or equitable tientitle the applicant to conduct operations to	tle to those rights in the subject le	t warrant or certify		Date		
Title 18 U.S C. Section 1001 and Title 43 U.S C. Section 1001 and	J.S.C. Section 1212, make it a cresentations as to any matter within	me for any person knowingly	and willfully to make to any de	partment or agency	of the United States any false,	