

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

JAN 19 2010

HOBBSD

WELL API NO. 30-041-20647 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓
6. State Oil & Gas Lease No. 257420
7. Lease Name or Unit Agreement Name MILNESAND UNIT ✓
8. Well Number MSU # 522 ✓
9. OGRID Number 257420 ✓
10. Pool name or Wildcat MILNESAND (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 ☒

2. Name of Operator
EOR OPERATING COMPANY ✓

3. Address of Operator
ONE RIVERWAY, SUITE 610, HOUSTON, TX 77056

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

NOTICE OF INTENTION TO:

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

OTHER:

SUBSEQUENT REPORT OF:

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

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.

EST. START DATE: 1/2/10

Re-activate well. Well is currently down due to rod, pump and or tbg failure.

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 TITLE Sr. Well Operations Supervisor DATE 1/14/10

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: TITLE PETROLEUM ENGINEER DATE JAN 20 2010

Conditions of Approval (if any):