| Submit 3 Copies To Appropriate District Office | State of New M | exico | Form C-103 |
|---|-----------------------------|-------------------------|--|
| Office | | | / May 27, 2004 |
| 1625 N. French Dr., Hobbs, NM | | | WELL API NO. |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION | | | 30-041-10448 |
| District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District III Santa Fe, NM 87505 | | | 5. Indicate Type of Lease STATE FEE X |
| | | | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | 12049 |
| SUNDRY NOTICES AN | REPORTS ON WELLS | 3 | 7. Lease Name or Unit Agreement Name |
| (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 | | | Morgan B Federal |
| PROPOSALS.) | | | 8. Well Number |
| 1. Type of Well: Oil Well Gas Well Other PNJECTION | | | 1 |
| 2. Name of Operator | | | 9. OGRID Number |
| RIDGEWAY ARIZONA OIL CORP. 3. Address of Operator | | | 164557 |
| 200 N. Loraine, Suite 1440 Midland, TX 79701 | | | 10. Pool name or Wildcat Chaveroo (San Andres) |
| 4. Well Location | | | Chaveroo (San Andres) |
| | feet from the NORTH | line and (| 660 foot from the WEST 11 / |
| Unit Letter E : 1980 feet from the NORTH line and 660 feet from the WEST line Section 26 Township 7S Range 33E NMPM County Roosevelt | | | |
| Section 26 Township 7S Range 33E NMPM County Roosevelt \(\square \) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 4365.3' GL | | | |
| Pit or Below-grade Tank Application or Closure | | | |
| Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance 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 | | | |
| PERFORM REMEDIAL WORK N PLUG AND ABANDON REMEDIAL WORK | | | EQUENT REPORT OF: |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI | | | |
| | LE COMPL | CASING/CEMENT | |
| OTHER: | | | _ |
| | ations (Clearly state all s | OTHER | circo martin and data at 1 11 |
| 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. | • | | on wentered diagram of proposed completion |
| Est start date 6/1/10 | | | |
| 250 Gail Gaile 0/1/10 | | | |
| Repair down hole failure. Reactivate pump | oing unit. | | |
| Reactivation of this well will for live a | 10 11 1 | | |
| Reactivation of this well will facilitate the production facility. | need for added tank/vess | els and other construc | ction to occur on the existing |
| • | | | |
| (4 ½", 9.5# csg @ 4420'. PBTD @ 4420'. Perforations @ 4137'-4278'. 2 3/8" tbg @ 4231'.) | | | |
| | | _ | · |
| | | | |
| | • | | |
| I hereby certify that the information above is tr | ue and complete to the be | st of my knowledge a | and belief. I further certify that any pit or below- |
| grade tank has been/will be constructed or closed accor- | ding to NMOCD guidelines | , a general permit 🔲 or | an (attached) alternative OCD-approved plan . |
| SIGNATURE | | | |
| | IIILE_Sr. | Well Operations Sur | pervisorDATE5/18/10 |
| Type or print name: Lawrence A. Spittler, Jr. | E-mail address: lspitt | ler@enhancedoilres.d | com Telephone No.:432-687-0303 |
| For State Use Only | · ··· | | • |
| APPROVED BY: | PI | etroleum enom | MER 1 9 2010 |
| Conditions of Approval (Lany): | TITLE_' | | DATE |
| | | | |