Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
Office District I 1625 N. French Dr., Hobbs, NM 88240 CEVED District III 1301 W. Grand Ave., Artesia, NM 88240 2 7 2010 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		October 13, 2009 WELL API NO.
		30-041-10116
		5. Indicate Type of Lease STATE FEE F
		6. State Oil & Gas Lease No.
		NMNMM 01456685
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		7. Lease Name or Unit Agreement Name Horton Federal
		8. Well Number # 22
2. Name of Operator /		9. OGRID Number /
EOR Operating Company ¹ 3. Address of Operator ¹		257420 / 10. Pool name or Wildcat
200 N. Loraine, Suite 1440. Midland, TX 79701		Milnesand (San Andres)
4. Well Location		
Unit Letter_C : _330 feet from theNorth line and1677 feet from the _West line		
	wnship 8S Range 35E	NMPM County Roosevelt
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4213 RDB		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION T	O: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🛮 PLUG AND A	BANDON REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON ☐ CHANGE PL PULL OR ALTER CASING ☐ MULTIPLE C		
DOWNHOLE COMMINGLE	OMPL CASING/CEMEN	1308
OTHER:	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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
Est Start date: 8/30/10		
Reactivate well as part of the NMOCD-ACO-265-A. Repair, down hole equipment failure (rods, pump and or tbg) and return well to production.		
(2 3/8" tbg. @ 4709'. SN @ 4678'. 4 ½", 9.5# csg @ 4764'. Perforations 4675'-4692')		
Stort Date:	D' DI D	
Start Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
111		
SIGNATURE ///	TITLE_Sr. Well Operations Supe	rvisorDATE_8/24/10
Type or print name _L.A. Spittler, Jr	E-mail address: _lspittler@enhan	cedoilres.com_ PHONE: 432-688-0303
For State Use Only	(acyrai ei ma calais)	
APPROVED BY:	TITLE PETROLDUM ENGIN	DATEDATE
Conditions of Approval (if any):		