

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 October 13, 2009

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.)		WELL API NO. / 30-041-20753
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> <i>fed</i>
2. Name of Operator EOR Operating Company <input checked="" type="checkbox"/>		6. State Oil & Gas Lease No. NMNMM 0145685
3. Address of Operator 200 N. Loraine, Suite 1440. Midland, TX 79701		7. Lease Name or Unit Agreement Name Horton Federal <input checked="" type="checkbox"/>
4. Well Location Unit Letter <u>C</u> : <u>990</u> feet from the <u>North</u> line and <u>2270</u> feet from the <u>West</u> line <input checked="" type="checkbox"/> Section <u>30</u> Township <u>8S</u> Range <u>35E</u> NMPM County <u>Roosevelt</u>		8. Well Number # 35 <input checked="" type="checkbox"/>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4218 GR		9. OGRID Number 257420 <input checked="" type="checkbox"/>
		10. Pool name or Wildcat Milnesand (San Andres) <input checked="" type="checkbox"/>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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: 9/30/10

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 7/8" tbg. @ 4697'. SN @ 4696'. 5 1/2", 15.5# csg @ 4809'. Perforations 4652'-4745')

Start Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE TITLE Sr. Well Operations Supervisor DATE 8/30/10

Type or print name L.A. Spittler, Jr. E-mail address: lspittler@enhancedoilres.com PHONE: 432-688-0303

For State Use Only

APPROVED BY: TITLE PETROLEUM ENGINEER DATE SEP 02 2010
 Conditions of Approval (if any):

Handwritten initials