

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

SEP 01 2010

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBSCOCD

WELL API NO. 30-041-20753
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NMNMM 0145685
7. Lease Name or Unit Agreement Name Horton Federal
8. Well Number # 35
9. OGRID Number 257420
10. Pool name or Wildcat Milnesand (San Andres) <input checked="" type="checkbox"/>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4218 GR

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
200 N. Loraine, Suite 1440. Midland, TX 79701

4. Well Location

Unit Letter C : 990 feet from the North line and 2270 feet from the West line ☒Section 30 Township 8S Range 35E NMPM County Roosevelt

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 ☐
 DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

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

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: 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)