Form 3160-5 (March 2012)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

Lease Serial No.

CI	П	N	n	n	· V	N	C	T	10	`R	2	Δ	N	I	1	R	К.	PC	11	2"	rs	: (	1	V	W	/ E	15	ı	C	
	L)	17	1112	an.	. 1	1,	и.	, ,	**	. R.		Μ,		tt	,	п	. 1	ľ	<i>)</i> 1	•		, ,		ъ.	vv	г	. I			

SF--078244 6 If Indian Allottee, or Tribe Name

. Do	,	, Andree, or Troc Name									
aban		7. If Unit or CA/Agreement Name and/or No.									
SUBMIT IN	ય.	7. If Officer CAPAgreement Name and/or No.									
1. Type of Well Oil Well	8 Weil Na	8. Well Name and No.									
		Southern Union #1M									
2. Name of Operator  EnerVest Operating, L.L.C.	9, API Wel	9. API Well No. 30-045-23874									
3a. Address	e area code) 10. Field an	10. Field and Pool, or Exploratory Area									
1001 Fannin St. Suite 800, Hou 4. Location of Well (Footage, Sec., T.,	11 County	Blanco Mesaverde or Parish, State									
1850' FSL & 790' FEL (UL I),		San Juan, NM									
	E, REPORT, OR OTHER E										
TYPE OF SUBMISSION	YPE OF ACTION										
X Notice of Intent	Acidize	Deepen	Production ( Start/ Resun								
<del></del>	Alter Casing	Fracture Treat	Reclamation Reclamation	Well Integrity							
Subsequent Report	Casing Repair	New Construction	Recomplete	X Other							
• ————————————————————————————————————	Change Plans	Plug and Abandon	Temporarily Abandon	Change of Operator							
Final Abandonment Notice  13 Describe Proposed or Completed Op	Convert to Injection	Plug Back	Water Disposal	and a second at the second at the							
Noble Energy, Inc. transferred operation of the above referenced well to EnerVest Operating, L.L.C. as operator/owner. EnerVest Operating, L.L.C. hereby certifies that it is authorized by the proper lease interest owners to conduct lease operations and is responsible under the terms and conditions of the lease associated with this well.  RCUD JAN 10 '14 EnerVest Operating, L.L.C. operates under National Bond Coverage, Bond #NMB000503											
1		OIL CONS. DIV. DIST. 3									
			•	51511.0							
	•			·							
				•							
14. I hereby certify that the foregoing is true a	nd correct. Name (Printed/Typed)										
Bar	Regula	atory Analyst									
Signature		Date		cember 9, 2013							
	THIS SPACE FOR	FEDERAL OR STA									
Approvedby			119	12/2/13							
Conditions of approval, if any are attached. App			01.12	Date 15 50 [15							
that the applicant holds legal or equitable title to entitle the applicant to conduct operations there	on.		DUITPIL	)							
Title 18 U.S.C. Section 1001 and Title 43 U.S.C fictitious or fraudulent statements or representa		n knowingly and willfully to	make any department or agency of the	he United States any false,							