UNITED STATES

DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0137

NMSF-078430

Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS

MAR 14 Wiffindian, Allottee, or Tribe Name

| | not use this form for proposals to dri doned well. Use Form 3160-3 (APD) f | or such propoន៍៦នេះ៣॥ | ngton Field Office | | |
|--|---|-----------------------------|-----------------------------------|--|--|
| - Other manualism page 2. | | | | VAgreement Name and/or No. | |
| I. Type of Well Oil Well Oil Well Other | | | | nd No. Davis #2 | |
| 2. Name of Operator | | | | Davis #2 | |
| EnerVest Operating, L.L.C. | | | | 30-045-05995 | |
| 3a. Address 3b. Phone No. (include area code) | | | code) 10. Field and Po | ool, or Exploratory Area | |
| 1001 Fannin St. Suite 800, Houston, TX 77002 713-659-3500 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | Parish State | |
| 890' FSL & 1850' FEL (UL O), Sec. 05 T26N R08W | | | 11. County of F | 11. County or Parish, State San Juan, NM | |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | | | | |
| TYPE OF SUBMISSION TYPE OF ACTION | | | | | |
| Notice of Intent | Acidize De | | | Water Shirt Off | |
| Notice of Litera | | | Production (Start/ Resume) | Water Shut-Off | |
| | Alter Casing Fra | cture Treat | Reclamation | Well Integrity | |
| X Subsequent Report | Casing Repair Ne | w Construction | Recomplete | X Other Correction: | |
| | Change Plans Plu | g and Abandon | Temporarily Abandon | Change of Operator | |
| Final Abandonment Notice | Convert to Injection Plu | g Back | Water Disposal | Effective Date | |
| 13 Describe Proposed or Completed Ope | ration: Clearly state all pertinent details, inc | luding estimated starting d | ate of any proposed work and | approximate duration thereof If | |
| | s to correct the effective date of t Operating, L.L.C. became the op at 713-495-5355. | | 4/2013. Should you hav | e any questions or concerns, | |
| | | | 01 | OIL CONS. DIV DIST. 3 | |
| | | | | MAR 2 1 2014 | |
| 14. I hereby certify that the foregoing is true an | d correct. Name (Printed/Typed) | | | | |
| Bart Trevino | | Title | Title Regulatory Analyst | | |
| | | | | | |
| Signature | | Date | CONTENTOD DECORD | | |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE | | | | | |
| Approved by | | | | | |
| Conditions of approval, if any are attached. Appr that the applicant holds legal or equitable title to entitle the applicant to conduct operations thereo | Title Office | MAR | Date | | |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department of fictitious or fraudulent statements or representations as to any matter within its jurisdiction. | | | ny department or agency-of the Un | nited States, any false OFFICE | |
| neutrous or traducters statements or representations as to any matter within its jurisdiction. | | | TEV TEV | | |

(Instructions on page 2)

ACCEPTED FOR RECORD

