Submit 1 Copy To Appropriate District Office District I – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised August 1, 2011
<u>District II</u> – (575) 595-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	WELL API NO. 3 6 -025-09227
District III - (505) 334-6178	1220 South St. Francis Dr. HOBBS	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	APR 0'I	
(DO NOT USE THIS FORM FOR PROPO	TICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Mexico E Com
PROPOSALS.)	· _ ·	8. Well Number
1. Type of Well: Oil Well 2. Name of Operator	Gas Well 🛛 Other	9. OGRID Number
EnerVest Operating, LLC		143199
3. Address of Operator		10. Pool name or Wildcat
1001 Fannin Street, Suite 800	Houston TX 77002	Jalmat (T-Y-7R)
4. Well Location		
Unit Letter P		60feet from theeastline
Section 2	Township 23S Range 36E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea
	3445' DR	
		PROJECT DE LE COMPANY DE LE
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
	NTENTION TO: SUB	SEQUENT REPORT OF:
OTHER:		tive Action /Letter of Violation
	bleted operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or re-	completion.	
New well sign wi	th operator name was placed at the well site.	and the first state of the second states
	• • •	·
		;
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
		e and belief.
I hereby certify that the information	above is true and complete to the best of my knowledge	
I hereby certify that the information	above is true and complete to the best of my knowledge	DATE3-18-2013
I hereby certify that the information SIGNATURE <u>famela F</u>	above is true and complete to the best of my knowledge TITLEAssoc. Regulatory An	nalyst DATE3-18-2013
I hereby certify that the information SIGNATURE <u><i>Pamela Fy</i></u> Type or print name Pamela Fry <u>For State Use Only</u>	above is true and complete to the best of my knowledge TITLEAssoc. Regulatory An	DATE3-18-2013 t.net PHONE:281-495-1563
I hereby certify that the information SIGNATURE <u><i>Pamela Fy</i></u> Type or print name Pamela Fry_	above is true and complete to the best of my knowledge TITLEAssoc. Regulatory An	DATE3-18-2013

APR 04 2013