Office District I - (575) 393-6161 District I - (575) 748-1283 B11 S. First St. Artesia, NM 88240 DIStrict II - (575) 748-1283 B11 S. First St. Artesia, NM 88240 DIStrict II - (575) 748-1283 B11 S. First St. Artesia, NM 88210 District II - (575) 748-1283 DISTRICT STANDARD
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SUNDRY NOTICES AND REPORTS ON WELLS To Lease Name or Unit Agreement Name
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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
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2. Name of Operator EnerVest Operator EnerVest Operator 1001 Fannin Street, Suite 800 Houston, Texas 77002-6707 4. Well Location Unit Letter: A 660 feet from the North line and 660 feet from the East line Section 32 Township 25S Range 37E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3004' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON SCHANGE PLANS COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL COMPLICATION TO CASING/CEMENT JOB MULTIPLE COMPL COMPROSETMEN CASING/CEMENT JOB MULTIPLE COMPL CASING/CEMENT JOB
EnerVest Operating, LLC
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1001 Fannin Street, Suite 800 Houston, Texas 77002-6707 Jalmat; Tan-Yates-7 RVS
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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.
The TA status for this well expires on 07/03/2018. EnerVest respectfully requests an extension for this TA.
A successful MIT was performed on 03/01/2018, witnessed by Gary Robinson, NMOCD. Please see attached chart.
A successful Will was performed on 65/61/2016, withessed by Gary Robinson, two CD. Trease see attached chart.
This Approval of Temporary/_/
Abandenment Expires 3/1/2021
Spud Date: 10/26/1956 Rig Release Date:
Spud Date.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Shelly Doescher TITLE: Agent DATE: 04/18/2017
Type or print name: Shelly Doescher E-mail address: shelly doescher@yahoo.com PHONE: 505-320-5682
For State Use Only
APPROVED BY: Waley Strown Fitte AO II DATE 4/14/2018
APPROVED BY:
APPROVED BY: Conditions of Approval (if any): DATE 4/14/2018

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