Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural R	Resources	Revised July 18, 2013 ELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	RES DED GERMATION DI		0-025-38701
	BBS PEONSERVATION DIV	VISION	Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd Aztec NM 87410 A DE	1220 South St. Francis		STATE FEE
<u>District IV</u> – (505) 476-3460	19 2018 Santa Fe, NM 87505	6.	State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	ES AND REPORTS ON WELLS	7.	Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		ACK TO A	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		JCH N	ew Mexico AA State
	Gas Well 🛛 Other	8.	Well Number 008
2. Name of Operator		9.	OGRID Number
EnerVest Operating, LLC			43199
3. Address of Operator		10). Pool name or Wildcat
1001 Fannin Street, Suite 800 Houst	on, Texas 77002-6707	Ja	lmat; Tan-Yates-7 RVS
4. Well Location			
Unit Letter: G 1980 feet from the North line and 1805 feet from the East line			
Section 22 Township 23S Range 36E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			MARIA MENTALEMENT (MATERIA)
3379' GR			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB 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. 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.			
Spud Date: 10/26/1956	Rig Release Date:	11/2021	
I hereby certify that the information ab	ove is true and complete to the best of	f my knowledge an	d 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: DATE ### 19/2018			
Conditions of Approval (if any):			

