

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

HOBBS OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-025-09709
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name McKinney
8. Well Number 001
9. OGRID Number 143199
10. Pool name or Wildcat SWD; 7 Rivers/Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3269' GR

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 ☐ Gas Well ☒ Other SWD
2. Name of Operator
EnerVest Operating, LLC
3. Address of 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 36 Township 24S Range 36E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Bradenhead test and MIT ☒

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.

A successful MIT was performed on 07/30/2018, witnessed by Gary Robinson, NMOCD. Please see attached report and chart.

Spud Date: 3/04/1949

Rig Release Date: 3/31/1949

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: 08/07/2018

Type or print name: Shelly Doescher E-mail address: shelly_doescher@yahoo.com PHONE: 505-320-5682

For State Use Only

APPROVED BY: Mary Brown TITLE: AO/I DATE: 8/9/2018
Conditions of Approval (if any):

MB

