

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires January 31, 2004

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

JUL 07 2010

HOBBSCO

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. IC-031621-A
2. Name of Operator ENERVEST OPERATING, L.L.C.		6. If Indian, Allottee or Tribe Name
3a Address 1001 FANNIN ST., STE. 800, HOUSTON, TEXAS 77002		7. If Unit or CA/Agreement, Name and/or No.
3b Phone No. (include area code) (713) 659-3500		8. Well Name and No. H.M. BRITT #13
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER J 2,310' FSL & 1,650' FEL SEC. 07, T-20S, R-37E		9. API Well No. 30-025-06000
		10. Field and Pool, or Exploratory Area EUNIC MONUMENT; GRAYBURG, SA
		11. County or Parish, State LEA COUNTY NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input type="checkbox"/> Other _____

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

- 06/17/10: TAG EXISTING 5-1/2" CIBP + CMT. @ 3,436'; CUT 5-1/2" CSG. @ 3,315' (PER PATRICIA W/ BLM) ; CSG. NOT FREE; ATTEMPT TO PUMP INTO CSG. CUT @ 3,315' - PRES. UP TO 1,000#; ATTEMPT TO PUMP DOWN 8-5/8" CSG. X PRES. UP TO 1,000#; MIX X PUMP A 25 SX. CMT. PLUG @ 3,436' (PER PATRICIA W/ BLM).
- 06/18/10: TAG TOP OF CMT. PLUG @ 3,180'; CUT 5-1/2" CSG. @ 2,506' (PER BLM) ; POOH LAYING DOWN CASING.
- 06/21/10: MIX X PUMP A 60 SX. CMT. PLUG @ 2,556'; WOC X TAG TOP OF CMT. PLUG @ 2,399'; MIX X PUMP A 40 SX. CMT. PLUG @ 1,155'; WOC X TAG TOP OF CMT. PLUG @ 1,135'.
- 06/22/10: MIX X PUMP A 40 SX. CMT. PLUG @ 1,135'; WOC X TAG TOP OF CMT. PLUG @ 1,010'; MIX X PUMP A 40 SX. CMT. PLUG @ 667'; WOC X TAG TOP OF CMT. PLUG @ 547'; MIX X CIRCULATE TO SURFACE A 20 SX. CMT. PLUG @ 63'-3'.
- 06/23/10: DIG OUT X CUT OFF WELLHEAD 3'B.G.L. ;WELD STEEL STEEL PLATE ON CASINGS X INSTALL DRY HOLE MARKER

WELL PLUGGED & ABANDONED 06/23/10.

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

Rec. Due 12-20-10

ACCEPTED FOR RECORD

JUL 3 2010

[Signature]

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) DAVID A. EYLER	Title AGENT
<i>[Signature]</i>	Date 06/25/10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <i>[Signature]</i>	Title <i>[Signature]</i>	Date JUL 08 2010
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		

FM