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State of New Mexico Submit 3 Copies To Appropriate District Form C-10 Office Energy, Minerals and Natural Resources May 27, 2004 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-005-61906 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE FEE 🗴 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 019192 SUNDRY NOTICES 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 CB Plains DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) 8. Well Number 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator 9. OGRID Number Enervest Operating, L.L.C. 143199 3. Address of Operator 10. Pool name or Wildcat 1001 Fannin Street, Suite 800 Race Track; San Andres Houston, Tx 77002 4. Well Location 330 Unit Letter feet from the 990 line and feet from the Township Range **NMPM** County Chaves 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3767.9 GR Pit or Below-grade Tank Application or Closure __ Depth to Groundwater _ Distance from nearest fresh water well _____ Distance from nearest surface water ___ Pit Liner Thickness: . Below-Grade Tank: Volume _____bbls; Construction Material . 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING MULTIPLE** CASING TEST AND **CEMENT JOB** COMPLETION OTHER: OTHER: \square Turn well to Production 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 3/2/20 Reconnect electricity to the pumping unit. Return well to production Test well on 2/26/09, 4.0 BO, 0 Gas, 1 Water Turn well to Production 2/26/09. I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines _____, a general permit _____ or an (attached) alternative OCD-approved plan _____ Sr. Reg. Tech TITLE. .DATE 🗕 E-mail address: sqalik@enervest.net Type or print name Shirley Galik Telephone No. (713) 495-1514 For State Use Only

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APPROVED BY

Conditions of Approval, if any: