State of New Mexico Form C-103 Submit 1 Copy To Appropriate District Office Energy, Minerals and Natural Resources October 13, 2009 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-015-36768 District II OIL CONSERVATION DIVISION 1301 W Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE 🔯 FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 37486 87505 SUNDRY NOTICES AND REPORTS ON WE Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN SEEL OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM \$-101) FOR SUCH PROPOSALS.) WILH G4S UNIT APR **26** 2010 1. Type of Well: Well Number Oil Well X Gas Well Other NMOCD ARTESIAN 2. Name of Operator OGRID Number EnerVest Operating, LLC Attn: S. Galik 143199 3. Address of Operator 10. Pool name or Wildcat 1001 Fannin Street, Ste 800, Houston, Tx 77002 Loco Hills; Queen-Grayburg-San Andres 4. Well Location 1310 feet from the South 10 feet from the line line and_ Section Township **18**S **NMPM** Range 29E County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3515' GR 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. P AND A MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING DOWNHOLE COMMINGLE X OTHER: OTHER: casing tests 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. 12-14-10 Test surface csq, 9 jts 8-5/8" 23# LS to 750 psi for 30 min. - held ok. 12-18-09 Test production csq, 64 jts 5-1/2" 15.5# MC-65 to 500 psi for 5 min. - held.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE ST. Regulatory Tech DATE 4/22/10

Signature Shirley Galik E-mail address: PHONE 713.495.1514

Rig Release Date:

12/18/09

Type or print name Shirley Galik E-mail address: PHONE 713.495.1514

APPROVED BY Conditions of Approval (if any):

TITLE Field Supervisor DATE 4-26-10

12/12/09

Spud Date: