## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED OMB NO 1004-0135 Expires July 31, 2010

## BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLSJUN 1 4 2011 5 Le JIE

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

5 Lease Serial No JIC108
6. If Indian, Allottee or Tribe Name JICARILLA APACHE

| Laminatan Field Unite                                                                                                                                                                              |                                                                                                     |                                                                               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                         |                                                                                                     |                                                                               |                                                | 7. If Unit or CA/Agreement, Name and/or No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |  |
| 1. Type of Well                                                                                                                                                                                    |                                                                                                     |                                                                               |                                                | 8. Well Name and No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |  |
| Oil Well Gas Well Other                                                                                                                                                                            |                                                                                                     |                                                                               |                                                | JICARILLA C 2N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |  |
| 2 Name of Operator Contact BRIDGET HELFRICH ENER VEST OPERATING LLC E-Mail bhelfrich@enervest.net                                                                                                  |                                                                                                     |                                                                               |                                                | 9 API Well No<br>30-039-29813-00-X1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |  |
| 3a. Address<br>1001 FANNIN STREET SUIT                                                                                                                                                             | 3b. Phone No (include area coo<br>Ph: 713-495-6537                                                  |                                                                               | 10 Field and Pool, or Exploratory BASIN DAKOTA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |  |
| HOUSTON, TX 77002-6708                                                                                                                                                                             | Fx: 713-615-1429                                                                                    |                                                                               | BLANCO MESAVERDE                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |  |
| 4. Location of Well (Footage, Sec., T, R, M., or Survey Description)                                                                                                                               |                                                                                                     |                                                                               |                                                | 11. County or Parish, and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |  |
| Sec 14 T26N R5W SESE 175FSL 130FEL<br>36.284840 N Lat, 107.191110 W Lon                                                                                                                            |                                                                                                     |                                                                               |                                                | RIO ARRIBA COUNTY, NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |  |
| 12. CHECK APP                                                                                                                                                                                      | ROPRIATE BOX(ES) TO                                                                                 | O INDICATE NATURE OF                                                          | NOTICE, REPO                                   | RT, OR OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R DATA                 |  |
| TYPE OF SUBMISSION                                                                                                                                                                                 | TYPE OF ACTION                                                                                      |                                                                               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |  |
| ☐ Notice of Intent                                                                                                                                                                                 | □ Acidize                                                                                           | □ Deepen                                                                      | □ Production (                                 | Start/Resume)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | □ Water Shut-Off       |  |
| _                                                                                                                                                                                                  | Alter Casing                                                                                        | ☐ Fracture Treat                                                              | ☐ Reclamation                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Well Integrity       |  |
| Subsequent Report                                                                                                                                                                                  | ☐ Casing Repair                                                                                     | ☐ New Construction                                                            | Recomplete                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other<br>Well Spud     |  |
| ☐ Final Abandonment Notice                                                                                                                                                                         | ☐ Change Plans                                                                                      | □ Plug and Abandon                                                            | Temporarily Abandon                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wen spaa               |  |
| 13. Describe Proposed or Completed Op                                                                                                                                                              | Convert to Injection                                                                                | □ Plug Back                                                                   | ☐ Water Dispo                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |  |
| testing has been completed. Final A determined that the site is ready for 5/16/11: Notified Jicarillas, B 5/17/11: MIRU and spud 12. 5/18/11: Drill 12.25" hole f/ 2 Cmt w/ 200sx Type III. Circ 1 | final inspection )<br>LM & NMOCD of upcomin<br>25" hole @ 23:00hrs. Dril<br>60'-440'. WLS. RU & rur | ng well spud & surf csg.<br>lled to 260'. WLS<br>n 9-5/8", 36#, J-55, ST&C cs |                                                | JUN 1 4 FARMENCTON FIELD  FARMENCTON FIELD  FOR THE SECURITY STATE OF THE SECURITY STATE | RECORD 2011            |  |
| 14 I hereby certify that the foregoing i                                                                                                                                                           |                                                                                                     |                                                                               |                                                | / 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dro-                   |  |
|                                                                                                                                                                                                    | For ENER VES                                                                                        | 110343 verified by the BLM W<br>TOPERATING LLC, sent to th                    | ne Rio Puerco                                  | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RECEIVED               |  |
|                                                                                                                                                                                                    | ommitted to AFMSS for pro                                                                           | cessing by TROY SALYERS o                                                     | on 06/14/2011 (11TS                            | 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |  |
| Name (Printed/Typed) BRIDGET                                                                                                                                                                       | HELFRICH                                                                                            | Title REGU                                                                    | JLATORY TECH.                                  | / <u>(,,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OIL CONS. DIV. DIST. 3 |  |
| Signature (Electronic                                                                                                                                                                              | Submission)                                                                                         | Date 06/10                                                                    | /2011                                          | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 150                    |  |
|                                                                                                                                                                                                    | THIS SPACE FO                                                                                       | OR FEDERAL OR STATE                                                           | OFFICE USE                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02.6283rg              |  |
| Approved By ACCEPT                                                                                                                                                                                 | ED                                                                                                  | TROY SA<br>TitlePETROL                                                        | ALYERS<br>EUM ENGINEER                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 06/14/2011        |  |
| Conditions of approval, if any, are attached                                                                                                                                                       |                                                                                                     |                                                                               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |  |

Office Rio Puerco

Title 18 U S C Section 1001 and Title 43 U S C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United

which would entitle the applicant to conduct operations thereon

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.