

Submit 3 Copies To Appropriate District Office
District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-03254
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-5524
7. Lease Name or Unit Agreement Name WLHU GRB 4 SD Unit Tract 31 (aka State X 001 or 1-X)
8. Well Number 2
9. OGRID Number 143199
10. Pool name or Wildcat Loco Hills Queen-GB-SA

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	RECEIVED OCT 16 2009 NMOCD ARTESIA
2. Name of Operator EnerVest Operating, L.L.C.	
3. Address of Operator 1001 Fannin, Suite 800 Houston, TX 77002	
4. Well Location Unit Letter <u>P</u> : <u>990</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>West</u> line Section <u>2</u> Township <u>18N</u> Range <u>29E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	

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 wellhead diagram of proposed completion or recompletion.

**Notify OCD 24 hrs. prior
to any work done.**

Proposed procedure:

1. Drill out existing cmt surface plug; CIH w/ B.H.A. x tbg to TD @ +/-2,600'; circ well w/ PXA fluid.
2. Mix x pump a 25 sx cmt plug @ 2,600'; WOC x tag top of cmt plug.
3. Mix x pump a 25 sx cmt plug @ 2,170'-2,070'.
4. Mix x pump a 40 sx cmt plug @ 1,870'-1,770' (7" csg stub). - **Tag**
5. Mix x pump a 40 sx cmt plug @ 985' (B/Salt); WOC x tag top of cmt plug.
6. Mix x pump a 60 sx cmt plug @ 500' (T/Salt x 8-1/4" csg shoe); WOC x tag top of cmt plug.
7. Perf 8-1/4" csg @ 150' x attempt to sqz a 75 sx cmt plug @ 150'-3' (in x out of 8-1/4" csg).
8. Dig out x cut off wellhead 3' B.G.L.; weld on steel plate x dry hole marker.

Spud Date:

4-14-45

Rig Release Date:

7-15-45

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

SIGNATURE Bridget Helfrich TITLE Regulatory Tech. DATE 10-12-09

Type or print name _____ E-mail address: bhelfrich@enervest.net PHONE: 713-495-6537
For State Use Only

APPROVED BY [Signature] TITLE _____ DATE 10/19/09
Conditions of Approval (if any):

Approval Granted providing work
is complete by 1/19/10

