

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD-ARTESIAFORM APPROVED
OMB NO. 1004-0137
Expires July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well ☐ Oil Well ☐ Gas Well ☐ Dry ☒ Other Injector
b. Type of Completion: ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff Resvr,
Other _____

2 Name of Operator

EnerVest Operating, LLC

3 Address

1001 Fannin Street, Suite 800, Houston, TX 77002-6707

3a Phone No. (include area code)

713.495.1514

4 Location of Well (Report location clearly and in accordance with Federal requirements)

At surface 660' FSL and 1980' FWL (Unit N)

At top prod. interval reported below

At total depth

14. Date Spudded

10/23/09

15 Date T D. Reached

10/30/09

16. Date Completed

☐ D & A6/18/10☐ Ready-to-Prod.18. Total Depth: MD
TVD280019. Plug Back T.D.: MD
TVD274120. Depth Bridge Plug Set: MD
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

GR/OCL/CSL22 Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run ☒ No ☐ Yes (Submit report)
Directional Survey? ☒ No ☐ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#ft)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12-1/4	8-5/8	24	Surf	419		425 sxs		Surf	
	J-55								
7-7/8	4-1/2	10.5	Surf	2785		575 sxs		Surf	
	J-55								

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2-3/8	2650	2645						

25 Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No Holes	Perf Status
A)			2670-2694	0.5	150	Open
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
2670-2694	Acidize w/2000 gal 15% NEEF-HCL, Frac using 25000# 16/30 Brady

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg SI	Csg Press.	24 Hr	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	

28a. Production-Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg SI	Csg Press.	24 Hr	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	

(See instructions and spaces for additional data on page 2)

5 Lease Serial No.

LC-050429B

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No

8. Lease Name and Well No.

WLH G4S Unit #45

9. API Well No.

30-015-37025

10. Field and Pool, or Exploratory

Loco Hills; Qu-GB-SA

11. Sec., T, R, M., or Block and Survey or Area

Sec. 12, T18S-R29E

12. County or Parish

Eddy County

13. State

NM

17. Elevations (DF, RKB, RT, GL)*

3493' GL, 13', RKB

ACCEPTED FOR RECORD

JUL 17 2010

/s/ Chris Walls

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

28b Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
Choke Size	Tbg. Press Flwg. SI	Csg. Press	24 Hr →	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	

28c Production-Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
Choke Size	Tbg. Press Flwg. SI	Csg. Press.	24 Hr →	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc	Name	Top Meas. Depth
				T. Salt	400
				B. Salt	920
				Yates	1045
				7 Rivers	1925
				Queen	2135
				Grayburg	2510
				G4 Sand	2632

32. Additional remarks (include plugging procedure):

Pit Closure on 10/30/09
Injection commenced on 6/18/10

3. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☒ Electrical/Mechanical Logs (1 full set req'd) ☐ Geologic Report ☐ DST Report ☐ Directional Survey
☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

4. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Shirley Galik

Title Sr. Regulatory Technician

Signature Shirley Galik / sm

Date 7/02/10

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