

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014
5. Lease Serial No.

NMSF-079527A

SUNDRY NOTICES AND REPORTS ON WELLS

MAR 14 2014

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

Farmington Field Office

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee, or Tribe Name
2. Name of Operator EnerVest Operating, L.L.C.		7. If Unit or CA/Agreement Name and/or No.
3a. Address 1001 Fannin St. Suite 800, Houston, TX 77002	3b. Phone No. (include area code) 713-659-3500	8. Well Name and No. Champlin #7
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FNL & 990' FEL (UL H), Sec. 25 T27N R04W		9. API Well No. 30-039-06915
		10. Field and Pool, or Exploratory Area
		11. County or Parish, State Rio Arriba, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA


TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/ Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Correction:
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change of Operator
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	Effective Date

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with the BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notice must be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

The puprose of this sundry is to correct the effective date of the Change or Operator effective date for this well previously operated by Noble Energy Inc. EnerVest Operating, L.L.C. became the operator effective 11/4/2013. Should you have any questions or concerns, please contact Bart Treviño at 713-495-5355.

OIL CONS. DIV DIST. 3

MAR 21 2014

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Bart Trevino		Title Regulatory Analyst
Signature 	Date March 11, 2014	FOR RECORD
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved by	Title MA	Date 18 2014
Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		
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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.		
(Instructions on page 2)		

ACCEPTED FOR RECORD

NMOCDCa

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