

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**SUNDRY NOTICES AND REPORTS ON WELLS 03 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.*

5. Lease Serial No.  
**Jicarilla Contract 155**  
6. If Indian, Allottee, or Tribe Name  
**RCVD OCT 8 '14**  
**Jicarilla Apache**

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
**Enervest Operating, LLC**

3a. Address **1001 Fannin Street, Suite 800**

3b. Phone No. (include area code)  
**713-659-3500**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**UL M, 671' FSL & 671' FWL, Sec. 32, T26N, R5W**

7. If Unit or CA/Agreement Name and/or No.  
**OIL CONS. DIV.**

8. Well Name and No.  
**DIST. 9**  
**Jicarilla Contract 155 #23E**

9. API Well No.  
**30-039-31216**

10. Field and Pool, or Exploratory Area  
**Blanco Mesa Verde/Basin Dakota**

11. County or Parish, State  
**Rio Arriba County, 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 checked="" 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"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>1st delivery</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recomplate 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 recompletion 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 reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**08/18/2014: Date of first production through gas recovery unit. TA-104 (approval date 08/15/2014).**

**08/28/2014: Actual first delivery date after facilities hook-up.**

**Stabilized production 827 MCFD, 3 BOPD and 28 BWPD @ FTP 198 psi, SICP 388psi. Line pressure 49 psi.**

**Production will be allocated based on DHC 3880AZ.**

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
**Michelle Doescher**

Title  
**Regulatory Consultant**

Signature *Michelle Doescher* Date **September 3, 2014**

**ACCEPTED FOR RECORD**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Office \_\_\_\_\_

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)

**OPERATOR**  
**NMOCDA**