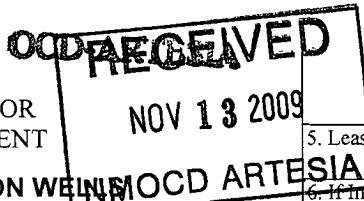


UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



FORM APPROVED
OMB No 1004-0137
Expires July 31, 2010

5. Lease Serial No. **LC 028992-B, G, I, J; NM-93143**
6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

EnerVest Operating, L.L.C.

3a. Address

1001 Fannin, Suite 800
Houston, TX 77002

3b. Phone No (include area code)

713-495-6537

4. Location of Well (Footage, Sec, T., R., M., or Survey Description)

Sec 26 - Twp 17S - Rge 30E
2140' FNL and 660' FWL (Unit E)

7. If Unit of CA/Agreement, Name and/or No

NM 72577

8. Well Name and No.

Cedar Lake ADI Federal Com #1

9. API Well No.

30-015-25494

10. Field and Pool or Exploratory Area

11. Country or Parish, State

Eddy County, NM

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

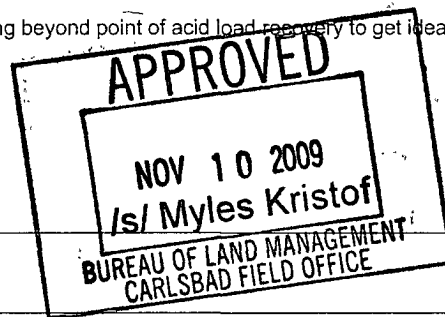
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> 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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<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 recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with 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 recompleation in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices 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.)

Procedure to add perfs and test Bone Springs:

- Clean location & test anchors.
- MIRU workover unit. Kill well w/2% KCL, if necessary.
- NDWH, NUBOP.
- Unseat pkr @ 10,624'.
- RU scanner & scan tbg while POOH. Tally pipe in derrick.
- RU WL. PU CIBP & set @ 7,800'. Dump 20' cmt on top & test to 6,000 psi.
- Run GR-CCL f/ 7,780'-7,400'.
- RIH w/csg guns & perf Bone Springs as follows:
7,605'-7,656' (Bone Springs)
3 SPF, 120 degree phasing, 0.50" EHD, 156 total holes
Correlate w/ SLB Comp Neutron-Litho Density log dates 2/15/86
- POOH w/guns & RD WL.
- RU hydrotesters.
- PU 2-7/8" x 5-1/2" packer & RIH testing tbg to 6,000 psi. Set packer @ 7,575'.
- MIRU acid service & acidize as follows:
10,000 gals 7.5% NEFE w/iron control & scale inhibitor & 234 ball sealers
- (Cont'd) Max surf press = 6,000 psi
Note breakdown press, rate, ball action & pressure
Note ISDP & 5/10/15 min SDP
Also note total load to recover
- Swab overnight.
- Open well, check & note press, blow to tank & RU swab equipment.
- Attempt to swab back load, note fluid level, swab rate, oil cut & gas blow.
- Continue swabbing beyond point of acid load recovery to get idea of well's potential.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL



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

Bridget Helfrich

Title Regulatory Tech.

Signature

Bridget Helfrich

Date 10/16/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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.

Office

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

(Instructions on page 2)

M

**Cedar Lake ADI Federal Com #1
30-015-25494
EnerVest Operating LLC
November 10, 2009
Conditions of Approval**

- 1. Surface disturbance beyond the existing pad must have prior approval.**
- 2. Closed loop system required.**
- 3. 5M BOP to be used and tested prior to RIH.**
- 4. Need 209' cement plug or CIBP with 35' of bailed cement placed 50'-100' above the Morrow @ 10,936'.**
- 5. CIBP needed 50' to 100' above the top most Atoka perfs @ 10,673' with 35' of bailed cement on top.**
- 6. CIBP @ 7,800' needs 50' of cement bailed on top.**
- 7. Subsequent sundry and completion report required.**

MAK 111009