| Submit 3 Copies To Appropriate District Office  |                                     | e of New Me    |               |                |  | Form C-103    |
|---|-------------------------------------|----------------|---------------|----------------|--|---------------|
| <u>District 1</u> Energy, Minerals a 1625 N. French Dr., Hobbs, NM 88240  |                                     |                | ral Resources | s              | WELL API NO.   | June 19, 2008 |
| District II<br>1301 W Grand Ave, Artesia, NM 88210  | ERVATION DIVISION                   |                |               | 30-015-36769   |  |               |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410  | rict III 1220 South St. Francis Dr. |                |               |                | 5. Indicate Type of Lease STATE ☐ FE                           | EE 🗌          |
| District IV 1220 S St Francis Dr., Santa Fe, NM 87505   |                                     |                |               |                | 6. State Oil & Gas Lease No<br>37486                           | 0.            |
| SUNDRY NOTICES AND REPORTS ON WELLS   |                                     |                |               |                | 7. Lease Name or Unit Agre                                     | eement Name   |
| (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 |                                     |                |               |                | WLH G4S Unit   |               |
| PROPOSALS.)  1. Type of Well: Oil Well  | DECEIVED                            |                |               | 8. Well Number |  |               |
| 2. Name of Operator   |                                     | HEVE           | IVLD          |                | 9. OGRID Number  |               |
| Enervest Operating, LLC   |                                     | DEC -          | 7 2009        |                | 143199   |               |
| 3. Address of Operator 1001 Fannin Street, Suite 800, Houston, Tx 77002   |                                     | NMOCD ARTESIA  |               |                | 10. Pool name or Wildcat Loco Hills, Queen-Grayburg-San Andres |               |
| 4. Well Location  |                                     |                |               |                |  |               |
| Unit LetterH:1980feet from theNorth line and660feet from theEastline  |                                     |                |               |                |  |               |
| Section 11 Township 18S Range 29E NMPM Eddy County  |                                     |                |               |                |  |               |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3516'  |                                     |                |               |                |  |               |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |                                     |                |               |                |  |               |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |                                     |                |               |                |  |               |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  |                                     |                |               |                |  | G CASING 🔲    |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☒ COMMENCE DRILLING OPNS.☐ P AND A ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐                 |                                     |                |               |                |  |               |
| DOWNHOLE COMMINGLE  | MOETH EE OOM                        | - 0            | 0/10/11/0/02  | ,              |  |               |
| OTHER:  |                                     |                | OTHER: R      | Revise S       | Surf. & Prod Csg. Wt.  | $\bowtie$     |
| 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 wellbore diagram of proposed completion or recompletion.            |                                     |                |               |                |  |               |
| •   |                                     |                |               |                |  |               |
| EnerVest Operating, LLC respectfully requests approval to run 8-5/8", 23# L/S surface casing in lieu of the 24# casing and change the               |                                     |                |               |                |  |               |
| 4-1/2", production casing to 10.5# MC-65/LS instead of 9.5# J-55 as outlined in the Master Drilling Program.  |                                     |                |               |                |  |               |
|   |                                     |                |               |                |  |               |
|   |                                     |                |               |                |  |               |
|   |                                     |                |               |                |  |               |
|   |                                     |                |               |                |  |               |
|   |                                     |                |               |                |  |               |
|   |                                     |                |               |                |  |               |
| Spud Date:  |                                     | Rig Release Da | te:           |                |  |               |
| Spud Date.  |                                     | Rig Release Da |               |                |  |               |
|   |                                     |                |               |                |  |               |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |                                     |                |               |                |  |               |
| Chinaci March   |                                     |                |               |                |  |               |
| SIGNATURE Sr. Regulatory TechDATE12/04/2009   |                                     |                |               |                |  |               |
| Type or print nameShirley A. Gal  | ik E-m                              | ail address:   | _sgalik@ener  | vest.ne        | et PHONE: _71  | 13.495.1514_  |
| For State Use Only  |                                     |                |               |                | _  |               |
| APPROVED BY:  | qui Loon                            | TITLE G        | reigology     |                | DATE 19  | 809           |
| Conditions of Approval (if any)   | ,                                   | 7              | 9             |                | ·  | •             |