Office	ew Mexico	Form C-103 M
District 1 Energy, Minerals and Natural Resources		WELL API NO.
District II	5 N. French Dr., Hobbs, NM 88240	
1301 W. Grand Ave., Artesia, NW 86210	ATION DIVISION	30-015-36770 5. Indicate Type of Lease
1000 Pro Brazos Rd. Aztec, NM 87410	St. Francis Dr.	STATE ⊠ FEE □
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St Francis Dr, Santa Fe, NM 87505		37486
SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS)		7. Lease Name or Unit Agreement Name WLH G4S Unit
1. Type of Well: Oil Well Gas Well Other	RECEIVED	8. Well Number 36
2. Name of Operator		9. OGRID Number
Enervest Operating, LLC	DEC - 7 2009	143199
3. Address of Operator 1001 Fannin Street, Suite 800, Houston, Tx 77002	ADTECIA	10. Pool name or Wildcat Loco Hills, Queen-Grayburg-San Andres
	NMOCD ARTESIA	Loco Hills, Queen-Grayourg-San Andres
4. Well Location		
Unit Letter H : 2628 feet from the South line and 10 feet from the East line		
Section 11 Township 18S Range 29E NMPM Eddy County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3505'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:	SUR	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
<u> </u>		
	☐ CASING/CEMENT	
DOWNHOLE COMMINGLE		
OTHER:		Surf. Csg. Wt. & Prod. Csg Grade
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 5-1/2" production casing grade to MC-50/LS instead of J-55 as outlined in the Master Drilling Program.		
Spud Date: Rig Release Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE ANNILY A. DULK TITLE Sr. Regulatory Tech DATE 12-4-2009		
Type or print name _ Shirley A. Galik _ E-mail add For State Use Only	ress:sgalik@enervest.n	et PHONE: _713.495.1514_
APPROVED BY: TITLE Coologist DATE 12/8/09 Conditions of Approval (if any):		