Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103	
<u>District I</u> Energy, Minerals and Natural Resources		October 13,2009 WELL API NO/ 30-025-31606		
	District II 1301 W Grand Ave, Artesia, NM 88800 BS COLL CONSERVATION DIVISION District III 1220 South St. Francis Dr.			
District IV 1220 South St. Francis Dr. Interior Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 1220 South St. Francis Dr. Santa Fe, NM Santa Fe, NM Santa Fe, NM 87505 SUNDRY NOTLEESWAD 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.) 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator EnerVest Operating, LLC *3. Address of Operator			STATE FEE 6. State Oil & Gas Lease No. B-6570-23	
			7. Lease Name or Unit Agreement Name Scratchy Ranch AQC State	
			8. Well Number 002	
			9. OGRID Number	
			143199 / . 10. Pool name or Wildcat	
1001 Fannin Street, Suite 800, Houston, Texas 77002-4707			Feather, Upper Penn, East	
4. Well Location				
Unit Letter P : <u>660</u> Section 14	feet from the <u>South</u> Township 15S	line and Range 32E	660feet from the <u>East</u> line NMPM County Lea	
	vation (Show whether DR,	<u>v</u>		
		,		
12. Check Appropri	iate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION	ON TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORKPLUG AND ABANDONREMEDIAL WORTEMPORARILY ABANDONCHANGE PLANSCOMMENCE DR			ILLING OPNS P AND A	
OTHER:		OTHER:		
			d give pertinent dates, including estimated dat tach wellbore diagram of proposed completio	
EnerVest Operating, L.L.C. respectfully r	equests to schedule an M	IT on this well:		
Less 7 $\#$ AN - Plan to set CIBP within 100' of top perf. Top perf = 10,627'.	\mathcal{V}			
			······	
	Condition of Approva office 24 hours prior	al: Notify OCD H to running MIT 1	lobbs Test & Chart	
The Oil Conservation Division	·		· '	
MUST BE NOTIFIED 24 Hours	;			
Spud Brigger to the beginning of operation	ns Rig Release Da	te: 5-20-93		
I hereby certify that the information above is t	rue and complete to the be	est of my knowledge	e and belief.	
SIGNATURE Anet M Bee	ndu_TITLE_Regu	latory Assistant	DATE <u>11/18/11</u>	
Type or print name _Janet M. Bienski	E-mail address	s: _jbienski@enerv	vest.net PHONE:713-495-1571	
	TITLE ST	all me=	DATE /1-21-201	
APPROVED BY: Conditions of Approval (if any):		1 - 1- 125	DATE_//-CI-CO/	
contained of reproved (parity).			/	

NOV 2 1 2011