| Submit I Copy To Appropriate District   | State of New Mexi                      | co                             | Form C-103                    |
|---|--|--------------------------------|-------------------------------|
| Office <u>District I</u> – (575) 393-6161   | Energy, Minerals and Natural Resources |                                | Revised August 1, 2011        |
| 1625 N. French Dr., Hobbs, NM 88240   | ch Dr., Hobbs, NM 88240                |                                | PI NO.                        |
| 811 S. First St., Artesia, NM 88210   |  |                                | 5-26197 /<br>te Type of Lease |
| District III – (505) 334-6178 1220 South St. Francis Dr.  |  | is Dr. ST                      | TATE \( \sqrt{\sqrt{FEE}} \)  |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460  1220 S. St. Francis Dr., Santa Fe, NM 87505   |  | ^ <u></u>                      | Oil & Gas Lease No.           |
| SUNDRY NOTICES POT SON 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 |  |                                | Name or Unit Agreement Name   |
|   |  |                                | Mexico AB State               |
| PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other   |  |                                | Number                        |
| 2. Name of Operator   |  |                                | D Number                      |
| EnerVest Operating, LLC   |  |                                | 99 /                          |
| 3. Address of Operator 1001 Fannin Street, Suite 800 Houston TX 77002   |  |                                | name or Wildcat               |
|   | 11 1 A 7 7 0 0 2                       | Langue N                       | Mattix: 7R-Qn-Gb (Gas)        |
| 4. Well Location Unit Letter I: 1980  | feet from the South                    | line and 660 feet              | from the East line            |
|   | nship 24S Range                        | 37E NMPM                       | County Lea                    |
|   | elevation (Show whether DR, R.         |                                | County Dea                    |
|   | 3260, G                                |                                |                               |
|   |  |                                |                               |
| 12. Check Approp  | oriate Box to Indicate Nati            | are of Notice, Report or       | Other Data                    |
| NOTICE OF INTENT  | TON TO:                                | SUBSFOUEN                      | NT REPORT OF:                 |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  |  |                                | ☐ ALTERING CASING ☐           |
|   |  | OMMENCE DRILLING OPN           | NS. P AND A                   |
|   | TIPLE COMPL C                          | CASING/CEMENT JOB              |                               |
| DOWNHOLE COMMINGLE  |  |                                |                               |
| OTHER:  |  | THER:                          |                               |
| 13. Describe proposed or completed or   |  |                                |                               |
| of starting any proposed work). SI proposed completion or recomplet   |  | For Multiple Completions:      | Attach wellbore diagram of    |
| proposed completion of recomplet  | on.                                    |                                |                               |
|   |  |                                |                               |
|   |  |                                |                               |
|   |  |                                |                               |
| EnerVest Operating, L.L.C. respec   | fully request permission to per        | form an MIT test and for an    | extension of Temporary        |
| Abandonment for a 1 to 2 year per   | od. Within this time we will co        | ontinue to evaluate the well f | or further potential.         |
| ONEYR   |  |                                |                               |
|   |  |                                |                               |
|   |  |                                |                               |
|   |  |                                |                               |
| 03/25/1979  |  | 04/02/1979                     |                               |
| Spud Date: 03/23/1979   | Rig Release Date:                      | 04/02/19/9                     |                               |
|   |  |                                |                               |
| hereby certify that the information above i   | s true and complete to the best        | of my knowledge and belief     |                               |
|   | , in the time complete to the best     | or my knowledge and belief     | •                             |
| SIGNATURE   | TITLE                                  | Regulatory Analyst             | DATE10/25/2013                |
| Type or print nameBart Treviño  | F-mail addrace:                        | htraving@anarwast nat          | DHONE: 712 405 5255           |
| For State Use Only  | L-man address                          | oueviiio@enervest.net          | PHONE:713-495-5355_           |
|   | TITLE DIST.                            | from                           | 10 20 2013                    |
| APPROVED BY:  | TITLE des.                             | 11075                          | DATE 0-29-2013                |
| CONDITION OF APPROVAL: Notify OCD DIS<br>24 HOURS prior to running the TA Pressure Te   |  |                                |                               |

OCT 3 0 2013