Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	30-025-04567
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460  1220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease
	STATE FEE #
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	A-1350
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement 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	State A Com
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well NOther	004
2. Name of Operator	9. OGRID Number
EnerVest Operating, LLC  3. Address of Operator	143199 10. Pool name or Wildcat
1001 Fannin St., Suite 800 Houston, TX 77002-6707	EMONT Yates/7 Rivers/ Queen (GA5)
4. Well Location	CONTRACT CONTRACT
Unit Letter A: 660 Feet from the North Line and 660 Feet from the East Line	
Section 8 Township 21S Range 36E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
3578' GR	And the Control of th
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 ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON ☑ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING	
DOWNHOLE COMMINGLE	
OTHER UP TO 4 YEARS IN OTHER	
OTHER: OTHER: OTHER: OTHER: OTHER:	
proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
PENDING REVIEW OF CHART.	
Enervest respectfully requests approval to TA the well in order to allow time to further evaluate potential production.	
Please see attached procedure and WBD.	
Condition of A D 100	
Condition of Approval: notify	
	OCD Hobbs office 24 hours
prior of running MIT Test & Chart	
CAT CIBPS W/ 20 CMI	Total Chait
CAP CIBP'S W/ 35 CMT prio by W.L Ballez.	•
by was been	
Spud Date: Rig Release Date:	
	}
	1 11 11 6
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Michelle Wassele TITLE Agent DATE 04/01/2015	
Type or print name Michelle Docscher E-mail address: sdoescher@enervest.net PHONE: 505-320-5682	
For State Use Only	
Mal XXXXX XIII Alalana	
APPROVED BY: May Stown TITLE DEST. Supervisor DATE 4/2/2015	
Conditions of Approval (if any):	