Submit One Court To American District	g					
Submit One Copy To Appropriate District Office	fice State of New Mexico			Form C-103		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised November 3, 2011 WELL API NO.		
District II	OIL CONCEDUATION DIVISION			30-025-2 6558 26588		
811 S. First St., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of	Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE _	FEE 🛛	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa i C	, 141VI 075	,05	6. State Oil & Gas	Lease No.	
87505	EG AND DEDODER OF			- · · · · · · · · · · · · · · · · · · ·		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name AB Reeves		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCHOCD PROPOSALS.) 1. Type of Well: Gil Well Gas Well Other				- 1		
1. Type of Well: Oil Well Gas Well Other				8. Well Number 006		
2. Name of Operator			1 2 1 2018	9. OGRID Number		
EnerVest Operating, LLC		'AM	(2 , -	143199		
3. Address of Operator	77000	1	ECEIVED	10. Pool name or V		
1001 Fannin Suite 800 Houston, Te	xas 7/002	R	EC-	Eumont; Yates-7 R	VRS-Queen (Gas)	
4. Well Location		C10 C . C	ar and and			
Unit Letter: A 660 feet from the North line and 610 feet from the East line						
Section 29 Township: 20S Range: 37E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
3509' GR						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
				SEQUENT REP		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOFT TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				=	LTERING CASING	.i ∐ ` 1
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT					AND A	J
· oll official in official in	MOLINI EL COMI E		O/ IOI IO/ OEMEIT			
OTHER:				ady for OCD inspec	tion after P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.						
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the						
23 11 seed market at least 1 in diameter and at least 1 above ground level has been set in constitut. It shows the						
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR						
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.						
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and						
other production equipment.						
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.						
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with						
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.						
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have						
to be removed.)						
 ✓ All other environmental concerns have been addressed as per OCD rules. ✓ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- 						
retrieved flow lines and pipelines.						
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well						
location, except for utility's distributio	n infrastructure.					
When all work has been completed re-	turn this form to the ann	monnieta Die	atriat affice to solve	adula an inspection		
When all work has been completed, return this form to the appropriate District office to schedule an inspection. Shelly Wasser Law.						
Thelly	Loesen					
SIGNATURE 0		T	ITLE: Agent	_ DATE : 0	<u>05/16/2018</u>	
TYPE OR PRINT NAME: Shelly Do	escher F-MAII	L: sdoesche	er@enervest net	PHONE: 505-320-3	5682	
For State Use Only	\	s. <u>successi</u>	one restinct	111011E. <u>505-520-</u>	700 <u>2</u>	
March 1	J1 1-	P	ES.		DATE 06/13/	PAIG
APPROVED BY:	apter Van	TITLE [)	でき		DATE 06/13/	<u> 201</u> 8
Conditions of Approval (if any):						