Submit 3 Copies Office	To Approprie Sta	ate of New Mex	tico	Form C-103 June 19, 2008
State of New Mexico Office District II 1301 W Grand Ave, Artesia N. 88210 District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV State of New Mexico State of New Mexico Office Office District III 1200 South St. Francis Dr. Santa Fe, NM 87505				WELL API NO. 30-025-01909
				5. Indicate Type of Lease
				STATE STATE FEE 6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM				6. State Off & Gas Lease No.
				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				York ARQ
PROPOSALS) 1. Type of Well: Oil Well Gas Well X Other				8. Well Number 1
2. Name of Operator EnerVest Operating, L.L.C.				9. OGRID Number 143199
3. Address of Operator 1001 Fannin, Suite 800				10. Pool name or Wildcat Kemnitz Morrow
Houston. TX 77002 4. Well Location				Reminiz Worrow
Unit Letter O : 660 feet from the South line and 1980 feet from the East line				
Section 12 Township 16S Range 34E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4068' GR				
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 MULTIPLE COMPL CASING/CEMENT				
DOWNHOLE COMMINGLE				
OTHER.			OTHER [.]	
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.				
of recompletion.				
EnerVest Operating, L.L.C. respectfully requests approval to run an MIT on this well, with				
plans to request Temporary Abandonment after the MIT, in order to further evaluate this well for future potential.				
Condition of Approval : Notify OCD Hobbs				
office 24 hours prior to running MIT Test & Chart				
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Spud Date:	7-26-72	Rig Release Dat	te:	8-18-72
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
recease certary that the information above is the and complete to the best of my knowledge and benefit.				
SIGNATURE Bridget Helfrich TITLE Regulatory Tech. DATE 12-22-09				
_	Bridget Helfrich	F-mail address	bhelfrich@en	ervest.net _{PHONE:} 713-495-6537
For State Use Only				
APPROVED BY: TITLE ISTRICT & SUPERMISOR DATE				
Conditions of Approval (if any):				
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