

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
JAN 19 2010
HOBBS
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

SUNDRY NOTICES AND 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.)		WELL API NO. 30-005-20827
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ENERVEST OPERATING, LLC ATTN: BRIDGET HELFRICH		6. State Oil & Gas Lease No. LG-2464
3. Address of Operator 1001 FANNIN ST., SUITE 800, HOUSTON, TEXAS 77002		7. Lease Name or Unit Agreement Name: LOVELESS LG STATE
4. Well Location Unit Letter <u>K</u> : <u>1,980'</u> feet from the <u>SOUTH</u> line and <u>1,980'</u> feet from the <u>WEST</u> line Section <u>36</u> Township <u>07S</u> Range <u>31E</u> NMPM County <u>CHAVES</u>		8. Well Number 004
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4,389' - GR		9. OGRID Number 143199
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/> Pit type <u>STEEL</u> Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material <u>* NONE WITHIN 1,000'</u>		10. Pool name or Wildcat TOMAHAWK (SAN ANDRES)

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram or recompletion.

01/06/10: RIH W/ TUBING X TAG HARD @ 1,817'; CIRC. 60 BBLs MUD OUT 4-1/2" X 8-5/8" CASING ANNULUS.
01/07/10: CUT X PULL 4-1/2" CSG. @ 1,750' (PER M. BROWN W/ NMOCD).
01/08/10: MIX X PUMP AN 80 SX. CMT. PLUG @ 1,760'; WOC X TAG TOP OF CMT. PLUG @ 1,078'.
01/09/10: MIX X PUMP A 40 SX. CMT. PLUG @ 1,060'; WOC X TAG TOP OF CMT. PLUG @ 890'.
01/10/10: MIX X PUMP A 35 SX. CMT. PLUG @ 400'; WOC X TAG TOP OF CMT. PLUG @ 244'; MIX X CIRC. TO SURFACE A 40 SX. CMT. PLUG @ 63'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO 8-5/8" CASING X INSTALL DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED 01/10/10.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David A. Eyler TITLE AGENT DATE 01/11/10
E-mail address: deyler@milagro-res.com
Type or print name DAVID A. EYLER Telephone No. (432) 687-3033

For State Use Only

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JAN 20 2010
Conditions of Approval, if any: