Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> Ener	gy, Minerals and Natural Resources	WELL API NO. 20 205 2004
1625 N French Dr., Hobbs, NM 88240 District II District II		30-025-09224 /
1301 W Grand Ave, Artesia Reside TO CONSERVATION DIVISION District III 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM, 87410 District IV Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM 87505 HOBBSOCD		or state on a state from
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 PROPOSALS)		Mexico E Com
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 Houston, TX 77002		10. Pool name or Wildcat James - Tan - Votes Eumont; Yates 7 Riv-Queen Gas Pro
4. Well Location	Courth	1000
Oint Letter	feet from the South line and	1320feet from theEastline
Section	Township 23 S Range 36 E tion (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea
The Eleve	3445' GR	
12. Check Appropria	te Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF INTENTIO	N TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON 🔟 CHANGE		RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPL DOWNHOLE COMMINGLE	E COMPL CASING/CEME	NI JOB
OTHER: REQUEST TO MIT	OTHER	v
13. Describe proposed or completed operation	ions. (Clearly state all pertinent details, a	nd give pertinent dates, including estimated date
of starting any proposed work). SEE F proposed completion or recompletion.	CULE 19.15.7.14 NMAC. For Multiple C	ompletions: Attach wellbore diagram of
proposed completion of recompletion.		
EnerVest Ope	erating, L.L.C. respectfully requests Te	emporary Abandonment
status on this well, after performing an MIT.		
Condition of Approval : Notify OCD Hobbs		
office 24 hours prior to running MIT Test & Chart		
Spud Date: 8-30-50	Rig Release Date:	9-18-50
Space Date.	Rig Release Date.	3-10-30
I hereby certify that the information above is tru	a and asmulate to the heat of my knowled	as and hallof
Thereby certify that the information above is tru	e and complete to the best of my knowled	ge and benef.
SIGNATURE Bridget Helfrie	TITLE Regulatory Tech.	DATE 2-12-10
Type or print name Bridget Helfrich	E-mail address: bhelfrich@en	ervest.net PHONE: 713-495-6537
For State Use Only	DISTRICT 1 SUPI	ERVISOR FEB 1 b 2010
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE