Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 October 13, 2009
State of New Mexico Office District I 1625 N French Dr , Hobitation (824)  District I  OII CONSERVATION DIVISION		WELL API NO.
District III FEB 15 LUIU	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	30-025-26588  5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd , Aztec, NM 87410  District IV 1220 S St Francis Dr , Santa P, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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)		7. Lease Name or Unit Agreement Name A. B. Reeves
1. Type of Well: Oil Well Gas Well X Other		8. Well Number 6
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  Eumont; Yates-7 Riv-Queen Pro Gas
4. Well Location Unit Letter A: 660 feet from the North line and 610 feet from the East line		
Section 29	Township 20 S Range 37 E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3509' 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 JOB ☐		
DOWNHOLE COMMINGLE	STILLE GOINI E	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OTHER REQUEST TO MIT 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
EnerVest Operating, L.L.C. respectfully requests Temporary Abandonment		
status on this well, after performing an MIT.		
Condition of Approval: Notify OCD Hopps office 24 hours prior to running MIT Test & Chart		
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Spud Date:	Rig Release Date:	
Spua Baile.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Bridget H	All puil TITLE Regulatory Tech.	DATE 2-12-10
Type or print name Bridget Helfrich	E-mail address: bhelfrich@en	
For State Use Only	DISTRICT 1 SUPE	<b>FEB 1.6</b> 2010
APPROVED BY:	fulf TITLE	DATE