

RECEIVED

OCT 04 2010

HOBSOCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. ✓

30-025-28137

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

V-644

7. Lease Name or Unit Agreement Name

Paloma WW Statae ✓

8. Well Number

001 ✓

9. OGRID Number

143199 ✓

10. Pool name or Wildcat

Baum ~~Sanders~~ Wolfcamp ✓

## 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)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐ ✓

2. Name of Operator

EnerVest Operating L.L.C. Attn: Janet Bienski ✓

3. Address of Operator

1001 Fannin Street, Suite 800, Houston, Texas 77002

4. Well Location

Unit Letter F : 1980 feet from the North line and 1980 feet from the West line  
Section 03 Township 14S Range 33E NMPM County Lea ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4.236.1-GR

## 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 COMPL ☐  
DOWNHOLE COMMINGLE ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☒  
CASING/CEMENT JOB ☐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.

EnerVest Operating, LLC respectfully requests an additional thirty (30) days to P&A this well due to rig availability and economics.

It is our intent to plug and abandon this well within this additional allotted timeframe.

Spud Date: 8/31/1983

Rig Release Date: 11/11/1983

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Janet M Bienski TITLE Regulatory AssistantDATE 10/1/10Type or print name Janet M. BienskiE-mail address: jbienski@enervest.netPHONE: (713) 495-1571

For State Use Only

APPROVED BY: [Signature] TITLE Staff MGRDATE 10-4-10

Conditions of Approval (if any):