Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for	proposals to drill	or to re-enter an

Jicarilla Apache 115 6. If Indian, Allottee or Tribe Name

		Jucii		ningtor Field	<u>বা সূর্</u> লুক্রrilla	Apache		
SUBMIT IN TRIPLICA	TE - Other instructi	ons on p	age 2 ^{Bureau}	of Land Ma	ការាក្រុ ា វែមិពីរេ or (CA/Agreeme	ent, Name and/or No	
1. Type of Well Oil Well X Gas Well Other					8. Well Name			
2. Name of Operator					Jicarilla	115E	# 13A	
Energen Resources Corporation					9. API Well l	No.		
3a. Address 3b Phone No. (include area code				ea code)	30-039-31040			
2010 Afton Place, Farmington, NM 87401 (5			<u>(505) 325–680</u>	0			ploratory Area	
4. Location of Well (Footage, Sec., T., R, M, or Survey I	Description)							
Sec. 3, T26N, R03W - 1835' FNL, 1760' FWL (F) SE			•		Blanco Ma			
					11. County of	or Parish, Sta	ite	
					Rio Arrib	a	NM	
12. CHECK APPROPRIATI	E BOX(ES) TO IN	DICATE	NATURE OF N	OTICE, REP	ORT, OR OTH	ER DATA		
TYPE OF SUBMISSION		TY	٧	w				
Notice of Intent	Acidize		Deepen	\equiv	on (Start/Resume)		er Shut-Off	
X Subsequent Report	Alter Casing		Fracture Treat	Reclama	ition	\equiv	Integrity	
	Casing Repair		New Construction	Recomp	iete	X Other	r <u>spud</u>	
Final Abandonment Notice	Change Plans		Plug and Abandon	Tempora	arıly Abandon			
	Convert to Inject	ion 🗌	Plug Back	Water D	ısposal			
5/25/11 Spud well @ 4:00 am on 05 casing, set @ 300'. RU Halliburt (159.6 cu. ft.). Plug down @ 5:0 Halliburton. WOC. NU BOP. Press floor and kelly valves - 250#, lo Velarde - Jicarilla BIM. Test 9.	con. Cement wit 00 pm on 5/25/11 sure test blind ow - 5 minutes a	h 133 Cir rams, and 200	sks Type V, 2 culated 10 bb pipe rams, al 0#, high - 15	2% CACL2, 2 ols of good ll valves of minutes	1/4#/sk flood dement to on choke ma	cele surface nifold, l	RD kill line,	
		31/18	RECEIVE CONS. DIV. DIST. 3	37A.E	ACCEPTE JUN FARMINGT BY SCU	0 2 20	11	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)		1	\$ POEC 65/1	<u>, , , , , , , , , , , , , , , , , , , </u>				
Name (Printed/Typed) Anna Stotts					lyst			
Signature Anna Stotte		Da	ate 5/27/11					
THIS	SPACE FOR FE	DERAL	OR STATE OF	FICE USE				
Approved by			Title			Date		
Conditions of approval, if any, are attached Approval of this not the applicant holds legal or equitable title to those rights in the sul entitle the applicant to conduct operations thereon.		tify that	Office		1.			