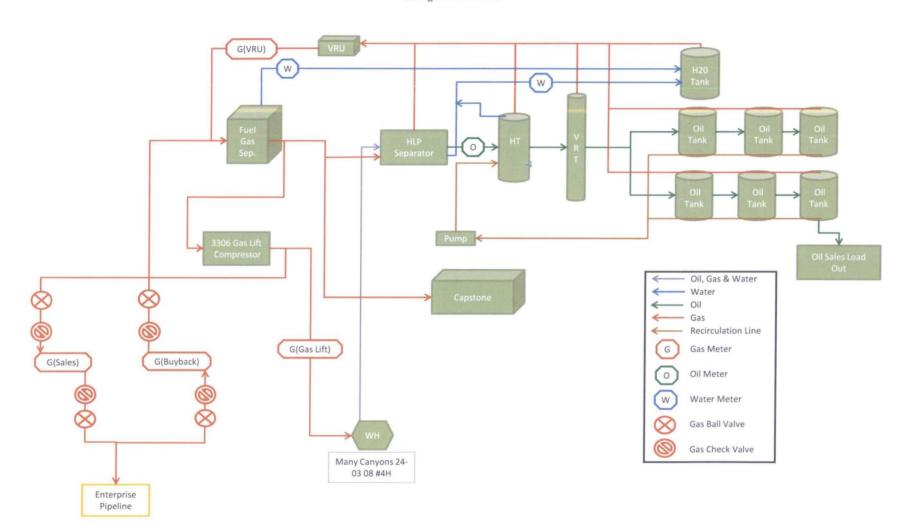
| Submit 3 Copies To Appropriate District Office  En   | State of New Me           |                       | Form C-103               |                     |
|--|---------------------------|-----------------------|--------------------------|---------------------|
| District I<br>1625 N. French Dr., Hobbs, NM 87240  | ergy, Minerals and Natu   | irai Resources        | WELL API NO.             | June 19, 2008       |
| District II  | OIL CONSERVATION DIVISION |                       |                          | 1309                |
| istrict III 1220 South St. Francis Dr.   |                           | 5. Indicate Type of I | _                        |                     |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV  |                           | STATE                 | FEE 🗴                    |                     |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                           |                       | 6. State Oil & Gas L     | ease No.            |
| SUNDRY NOTICES AND REPORTS ON WELLS  |                           |                       | 7. Lease Name or Ur      | nit 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.)  |                           |                       | Many Canyons 24-0        |                     |
| 1. Type of Well:   |                           |                       | 8. Well Number           |                     |
| Oil Well X Gas Well Other  2. Name of Operator   |                           |                       | 9. OGRID Number          |                     |
| Energen Resources Corporation  |                           |                       | 162928                   |                     |
| 3. Address of Operator   |                           |                       | 10. Pool name or Wildcat |                     |
| 2010 Afton Place, Farmington, NM 87401 4. Well Location  |                           |                       | West Lindrith Gal        | Llup-Dakota         |
|  | Sout Growth Son           | 1+b 1:1               | 716                      | the Foot live       |
|  | feet from the Son         |                       | 716 feet from            | the East line       |
| Section 8 Township 24N Range 03W NMPM County Rio Arriba  |                           |                       |                          |                     |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6878' GL  |                           |                       |                          |                     |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  |                           |                       |                          |                     |
|  |                           |                       |                          |                     |
| NOTICE OF INTENTION TO: SUB  |                           |                       | SEQUENT REPO             | ORT OF:             |
| PERFORM REMEDIAL WORK PLU  | JG AND ABANDON 🗌          | REMEDIAL WORK         |                          | ALTERING CASING     |
| TEMPORARILY ABANDON CHA  | ANGE PLANS                | COMMENCE DRILLI       | ING OPNS.                | P AND A             |
| PULL OR ALTER CASING MU  | JLTIPLE COMPL             | CASING/CEMENT J       | OB OIL COMO DI           | I DIST O            |
| DOWNHOLE COMMINGLE   |                           |                       | OIL CONS. DI             | V DIST. 3           |
|  |                           |                       | AUG 21                   | 2015                |
| OTHER: Measurement Installment   | x                         | 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. |                           |                       |                          |                     |
| Energen Resources is hereby requesting authorization to install a gas lift artificial lift and   |                           |                       |                          |                     |
| measurement system on the subject well. Meters will be calibrated upon installation and quarterly there-   |                           |                       |                          |                     |
| after. The gas measurement skid will utilize both a sales and buy back metering system. Four check valves will be installed, one upstream and the other downstream of each orifice meter to prevent gas  |                           |                       |                          |                     |
| by-pass. Attached for your review is a detailed process flow diagram and measurement and reporting   |                           |                       |                          |                     |
| methodology. Utilizing this method of artificial lift and measurement will allow Energen to optimize   |                           |                       |                          |                     |
| well performance and maximize oil and gas recovery while maintaining system measurement accuracy and   |                           |                       |                          |                     |
| production accountability. If purchased gas is used for more than completion activities more permitting may be required.   |                           |                       |                          |                     |
| Spud Date: 07/01/15 Rig Release Date:  |                           |                       |                          |                     |
| Space Butc.  | Trig Reio                 | ase Dute.             |                          |                     |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |                           |                       |                          |                     |
| SIGNATURE TITLE Regulatory Analyst DATE 8/20/15  |                           |                       |                          |                     |
| Type or print name Anna Stotts E-mail address: PHONE 324-4154  |                           |                       |                          |                     |
| For State Use Only DEPUTY OIL & GAS INSPECTOR  |                           |                       |                          |                     |
| APPROVED BY OSA OSA TITLE DISTRICT #3 DATE 9/31/15   |                           |                       |                          |                     |
| Conditions of Approval (if any): 🔏 🗽   | above p                   | V                     |                          |                     |

## **PROCESS FLOW DIAGRAM**

Many Canyons 24-03 08 #4H Energen Resources



## Many Canyons 24-03 08 #4H Production Reporting Methodology

