Form 3160-5 (August 2007)	DEPARTMENT OF T BUREAU OF LAND M	HE INTERIOR		CONFID	HOLE OM Exp	RM APPROVED IB NO. 1004-0137 pires July 31, 2010	
					5. Lease Seria	I No.	
SUNDRY NOTICES AND REPORTS ON WELLS					6. If Indian, Allottee or Tribe Name		
Do n abano	ot use this form for propose loned well. Use Form 3160	als to drill or to 3 (APD) for suci	re-enter an h proposals. RECF	IVED	o. If Indian, Al	lottee or Tribe Name	
su	BMIT IN TRIPLICATE - Oth	er instructions or		1 2015	7. If Unit or C.	A/Agreement, Name and/or N	
1. Type of Well Image: Contract of Well	ll Other		001 2	1 2013	8. Well Name Chaco 23-0		
2. Name of Operator			Farmington		G.2.00 2.0 0		
ENERGEN RESOURCES CORPORATION			Bureau of Land Manageumat			0.	
3a. Address			3b. Phone No. (include area code)			30-045-35647	
2010 Afton Place, Farmington, NM 87401 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			505-325-6800			Pool, or Exploratory Area	
					Basin Mano	xos	
1994' FNL 187' FEL, Sec 3 T23N R08W (H) SE/NE 380' FNL 380' FWL, Sec 3 T23N R08W (D) NW/NW					11. County or Parish, State San Juan County NM		
12. C	HECK APPROPRIATE BOX(ES) TO INDICA	TE NATURE OF	NOTICE REPO			
		ES) TO INDICA			XI, OK OIIII	K DATA	
TYPE OF SUB	TYPE OF SUBMISSION TYPE OF ACTION						
x Notice of Inte	ent A	cidize	Deepen	Production	(Start/Resume)	Water Shut-Off	
		lter Casing	Fracture Treat	Reclamatio		Well Integrity	
Subsequent R	eport		=			H	
		asing Repair	New Construction	Recomplet	e	Other	
Final Abando	nment Notice	hange Plans	Plug and Abandon	Temporaril	y Abandon		
_		onvert to Injection	Plug Back	Water Disp	osal		
testing has been comple determined that the final Energen Resource as follows: Standard bow spr	the involved operations. If the oper ted. Final Abandonment Notices sh site is ready for final inspection.) as would like to make the ring centralizers shall i ation for a total of the	all be filed only afte e following d be placed one	ange to the c (1) on the fi	cluding reclamation entralizers rst joint, t	on, have been co	ompleted, and the operator ha	
				OI	L CONS. DI		
14.11					001 310	2013	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Anna Stotts			Title Regulatory Analyst				
Signature Anna C	TOTAL		Date 10/21/1				
	THIS SPAC	E FOR FEDERA	L OR STATE OF	FICE USE			
	dir Elmadan; attached. Approval of this notice does no le title to those rights in the subject lease rations thereon.		Title PE Office FF		D	ate 10/22/15	
	Title 43 U.S.C. Section 1212, makes it a c or representations as to any matter within	its jurisdiction.	owingly and willfully to	make to any departm	ent or agency of the	ne United States any false,	
		NMOCD					