CONFIDENTIAL TIGHT HOLE Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources June 19, 2008 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-045-35641 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 FEE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Crow Mesa 24-08 2 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 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 Dufers Point-Gallup Dakota 4. Well Location Unit Letter I : 1370 feet from the South line and feet from the Township 24N Range **NMPM** County San Juan 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 7318' GL 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 CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE OTHER: x OTHER: First Delivery Notice 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. The Crow Mesa 24-08 2 #4H was first delivered on 11/18/15. OIL CONS. DIV DIST, 3 Meter#: 80151 Casing Pressure: 480# Tubing Pressure: 575# NOV 2 0 2015 Choke: 64/64" Oil: 382 bbls Gas: 2234 mscfd Water: 971 bbls 8/10/15 Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE_

TITLE

E-mail address:

Regulatory Analylst

astotts@energen.com

DATE 11/19/15

DATE_

PHONE 505-324-4154

SIGNATURE WWW

For State Use Only

APPROVED BY

Type or print name Anna Stotts

Conditions of Approval (if any):

ACCEPTED FOR RECORD