Form 3160-5 (August 2007)						FORM APPROVED OMB NO. 1004-0137 Expires July 31, 2010 5. Lease Serial No. MMM18463 6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2 JUL 1 8 2016							7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Gas Well Other 2. Name of Operator ENERGEN RESOURCES CORPORATION 3a. Address 3 2010 Afton Place, Farmington, NM 87401 3 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2173 FSL 567 FWL Sec 14 23N 08W (L) NW/SW				Farmington Field Office Bureau of Land Manageme 3b. Phone No. (<i>include area code</i>) 505–325–6800			 8. Well Name and No. 9. API Well No. 30-045-35632 10. Field and Pool, or Exploratory Area Basin Mancos 11. County or Parish, State 	
						San Juan	NM	
12.	. CHECK APPROPRIATE	E BOX(ES) TO INE	DICATE NA			RT, OR OTH	ER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION					
Notice of Intent Subsequent Report Final Abandonment Notice		Alter Casing Fracture Treat Reclama Casing Repair New Construction Recomp Change Plans Plug and Abandon Tempore			Reclamation	te ly Abandon	Water Shut-Off Well Integrity Change of Operator	
If the proposal Attach the Bor following com testing has bee determined that	osed or Completed Operation (clearly l is to deepen directionally or recomp nd under which the work will be per upletion of the involved operations. I en completed. Final Abandonment N at the final site is ready for final inspe- rating, LLC has succeeded	lete horizontally, give so formed or provide the E f the operation results in Notices shall be filed on ection.)	ubsurface local Bond No. on fi n a multiple co ly after all req	tions and meas le with BLM/I mpletion or re uirements, inc	Sured and true ve BIA. Required s completion in a p completion in a p cluding reclamati	rtical depths of a ubsequent repor new interval, a I on, have been c	all pertinent markers and zones. ts shall be filed within 30 days form 3160-4 shall be filed once completed, and the operator has	
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		JUL 26 2016						
				OPERATO	R FROM ORT	LIEVE THE FAINING AN UIRED FOR		
14. I hereby certify Name (Printed) Gary E Signature	and have		Title Date	07/01/16	5	San Juan B	asin Operations	
	THIS	SPACE FOR FED	_		ICE USE	1-		
the applicant holds lega	, if any, are attached Approval of this not al or equitable title to those rights in the su conduct operations thereon.		ify that Off	Tree FFo			7/21/2016	
	a 1001, and Title 43 U.S.C. Section 1212, 1 statements or representations as to any ma		rson knowingly a		nake to any departr	ment or agency of	the United States any false,	

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