## State of New Mexico

Form C-103

| Submit 3 Copies to Appropriate  | Energy, Minerals and Natural Resources Department                              |                                   | Revised 1-1-89   |  |
|---|--|-----------------------------------|--|--|
| District Office  DISTRICT I   | OIL CONSERVATION   | DIVISION [                        | WELL API NO.   |  |
| P.O. Box 1980, Hobbs NM 88241-1980  |  |                                   | 30-039-21333   |  |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210  | Santa Fe, NM 87505   |                                   | 5. Indicate Type of Lea  |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410  |  | Ī                                 | 6. State Oil & Gas Leas  | e No.                                  |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                                   |  |  |
| (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.) |  |                                   | 7. Lease Name or Unit Agreement Name Lindrith Unit   |  |
| 1. Type of Well: OIL GAS WELL WELL WELL X   | OTHER  |                                   | Lindrith Unit Com  |  |
| 2. Name of Operator   | 2. Name of Operator  |                                   |  |  |
| ENERGEN RESOURCES CORPORATION  3. Address of Operator 2198 Bloomfield Highway, Farmington, NM 87401   |  |                                   | 92 9. Pool name or Wildcat   |  |
| 4. Well Location Unit Letter K : 182  |  | Line and 1475                     | 5 Feet From The  | West Line                              |
| Section 28  | Township 24N Range   |                                   | VIVIL IVI  | Arriba County                          |
| Section EU  | 10. Elevation (Show whether DI   | F, RKB, RT, GR, etc.;<br>7180' GR | )  |  |
| 11. Check A   | ppropriate Box to Indicate Nat   |                                   | Report, or Othe  | er Data                                |
|   | NTENTION TO:   | SUB                               | SEQUENT RE   | PORT OF:                               |
| PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  | CHANGE PLANS CO  | EMEDIAL WORK  DMMENCE DRILLING    | OPNS. PLU  | ERING CASING  G AND ABANDONMENT        |
| PULL OR ALTER CASING L  |  | ASING TEST AND CEN                |  | X                                      |
| OTHER:  | L OT   | THER: Return to                   | production   |  |
| work) SEE RULE 1103.  | erations (Clearly state all pertinent details, and a swabbed well in oduction. |                                   | es, including estimated o  | late of starting any proposed          |
|   |  |                                   |  |  |
|   |  |                                   | NOV 2009   | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. |
|   |  |                                   | CONTRACTOR   |  |
|   |  |                                   | Carried State of the State of t |  |
| I hereby certify that the information above is  | true and complete to the best of my knowledge and                              |                                   |  |  |
| SIGNATURE Son Arche   | TITLE _  | Orilling & Compl                  | etion Foreman  | DATE11/22/00                           |
| TYPE OR PRINT NAME Don Graham   |  |                                   | TELE   | PHONE NO. 325 - 6800                   |
|   |  |                                   |  | West State Comment                     |

(This space for State Use)

| ORIGINAL    | SIGNED BY   | CHAPLE | T. PERSON |
|-------------|-------------|--------|-----------|
| APPROVED BY | <del></del> |        |           |

\_ DATE \_ TITLE \_