

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

|  |   |
|--|---|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No.<br>Jic 109          |
| 2. Name of Operator<br>ENERGEN RESOURCES CORPORATION   | 6. If Indian, Allottee or Tribe Name<br>Jicarilla       |
| 3. Address and Telephone No.<br>2198 Bloomfield Highway, Farmington, NM 87401  | 7. If Unit or CA, Agreement Designation                 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>2055' FNL, 1470' FEL, Sec. 15, T26N, R5W, N.M.P.M.     | 8. Well Name and No.<br>Jicarilla F 16                  |
|  | 9. API Well No.<br>30-039-06487                         |
|  | 10. Field and Pool, or exploratory Area<br>S. Blanco PC |
|  | 11. County or Parish, State<br>Rio Arriba NM            |

RECEIVED  
DEC 27 1999  
OIL CON. DIV.  
DIST. 3

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                    |
|---|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment              |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion             |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back            |
|   | <input checked="" type="checkbox"/> Casing Repair |
|   | <input type="checkbox"/> Altering Casing          |
|   | <input type="checkbox"/> Other _____              |
|   | <input type="checkbox"/> Change of Plans          |
|   | <input type="checkbox"/> New Construction         |
|   | <input type="checkbox"/> Non-Routine Fracturing   |
|   | <input type="checkbox"/> Water Shut-Off           |
|   | <input type="checkbox"/> Conversion to Injection  |
|   | <input type="checkbox"/> Dispose Water            |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

11/2/99 MIRU. TOH. Tubing not parted. TIH and set RBP at 3000'. Test casing - did not hold.  
 11/3/99 Isolated casing leak at 190'. Received verbal approval from Brian Davis - BLM to repair. R.U. cementers. Squeeze cement with 100 sks Class B with 2% CaCL2. Circ cement to surface. WOC.  
 11/4/99 TIH with bit. Drill out cement. Test casing to 500 psi - ok. TOH. TIH and retrieve RBP. TOH.  
 11/5/99 TIH and clean out to 3282'. TOH and lay down workstring.  
 11/8/99 Ran 102 jts 1 /14" 2.4# J-55 EUE tubing set at 3240'. Return to production.

99 NOV 22 11 18 AM  
BLM BUREAU OF LAND MGMT

14. I hereby certify that the foregoing is true and correct

Signed Monica Papp Title Production Assistant Date 11/17/99

(This space for Federal or State office use)

Approved by [Signature] Title Petro. Eng. Date 12/22/99

Conditions of approval, if any: