Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

|    |       | ,           |     |        |    |
|----|-------|-------------|-----|--------|----|
| 5. | Lease | Designation | and | Serial | No |

| SUNDRY NOTICES AN                                                                                                                                                                                        | JIC 98                                                                                                                                             |                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Do not use this form for proposals to drill                                                                                                                                                              | 6. If Indian, Allottee or Tribe Name                                                                                                               |                                                                                                           |
| Use "APPLICATION FOR                                                                                                                                                                                     | ]<br>]Jicarilla Apache                                                                                                                             |                                                                                                           |
|                                                                                                                                                                                                          | 7. If Unit or CA, Agreement Designation                                                                                                            |                                                                                                           |
| SUBMIT                                                                                                                                                                                                   |                                                                                                                                                    |                                                                                                           |
| 1. Type of Well  Oil  Well  Well  Other                                                                                                                                                                  |                                                                                                                                                    | 8. Well Name and No.                                                                                      |
| 2. Name of Operator ENERGEN RESOURCES CORPORATION                                                                                                                                                        | BEG 2 7 1999                                                                                                                                       | -Jicarilla 98 10A                                                                                         |
| 3. Address and Telephone No. 2198 Bloomfield Highway. Farmington                                                                                                                                         | 9. API Well No.<br>30-039-25305                                                                                                                    |                                                                                                           |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey De 1865' FSL, 1360' FEL, Sec. 17, T26N                                                                                                         | 10. Field and Pool, or exploratory Area Tapacito PC/Blanco MV                                                                                      |                                                                                                           |
| 1003 13E, 1300 1EE, 3ec. 17, 120N                                                                                                                                                                        |                                                                                                                                                    | 14. County or Parish, State                                                                               |
| CHECK APPROPRIATE POWE                                                                                                                                                                                   | TO INDICATE MATURE OF MOTION OFFI                                                                                                                  | Rio Arriba NM                                                                                             |
| 12. CHECK APPROPRIATE BOX(S                                                                                                                                                                              | ) TO INDICATE NATURE OF NOTICE, REPORT,                                                                                                            | OR OTHER DATA                                                                                             |
| TYPE OF SUBMISSION                                                                                                                                                                                       | TYPE OF ACTION                                                                                                                                     |                                                                                                           |
| X Notice of Intent                                                                                                                                                                                       | Abandonment                                                                                                                                        | Change of Plans                                                                                           |
| Subsequent Report                                                                                                                                                                                        | Recompletion                                                                                                                                       | New Construction                                                                                          |
|                                                                                                                                                                                                          | Plugging Back                                                                                                                                      | Non-Routine Fracturing                                                                                    |
| Final Abandonment Notice                                                                                                                                                                                 | Casing Repair  Altering Casing                                                                                                                     | Water Shut-Off                                                                                            |
|                                                                                                                                                                                                          | X Other Evaluate                                                                                                                                   | Conversion to Injection  Dispose Water                                                                    |
|                                                                                                                                                                                                          |                                                                                                                                                    | (Note: Report results of naultiple completion on Well<br>Completion or Recompletion Report and Log form.) |
| 13. Describe Proposed or Completed Operations (Clearly state all give subsurface locations and measured and true vertically subsurface locations and measured and true vertically subsurface locations.) | pertinent details, and give pertinent dates, including estimated date of startin<br>cal depths for all markers and zones pertinent to this work.)* |                                                                                                           |
| 1. MIRU. Kill well. TOH.                                                                                                                                                                                 |                                                                                                                                                    |                                                                                                           |
| 2. Run packer, set at 5800°. Swab to                                                                                                                                                                     | est Point Lookout.                                                                                                                                 |                                                                                                           |
| ·                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                           |
| Note: If productive -Release packer and TOH.                                                                                                                                                             |                                                                                                                                                    |                                                                                                           |
| •                                                                                                                                                                                                        | at 5400' and squeeze Cliffhouse with 100 sks                                                                                                       | s cement                                                                                                  |
| ·                                                                                                                                                                                                        | 200 010                                                                                                                                            |                                                                                                           |
| Note: If non-productive                                                                                                                                                                                  | ( <u>0</u>                                                                                                                                         |                                                                                                           |
| -Set CIBP at 5450' and cap with -Set CIBP at 4700' and cap with                                                                                                                                          |                                                                                                                                                    |                                                                                                           |
| - Set CIDE at 4700 and cap wil                                                                                                                                                                           | th 100 Of Cement.                                                                                                                                  |                                                                                                           |
| 3. Run tubing to 3850'. Swab test P                                                                                                                                                                      |                                                                                                                                                    |                                                                                                           |
| Note: If Doint Laskaut and Distured                                                                                                                                                                      | Cliffe and both anadusting and taking to CO                                                                                                        | 201 and Satura +-                                                                                         |
| Note: If Point Lookout and Pictured production.                                                                                                                                                          | 00' and return to                                                                                                                                  |                                                                                                           |
| 1                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                           |

| 4. I hereby certify that the foregoing is true and correct Signed Monus Papp               | Title Production Assistant | Date 11/18/99 |
|--------------------------------------------------------------------------------------------|----------------------------|---------------|
| (This space for Federal or State office use)  Approved by  Conditions of approval, if any: | Title Refer Eg             | Date 12/20/51 |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.