(August 1999)

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

TUKM APPKUVED OMB NO. 1004-0135 Expires: November 30, 2000

5. Lease Serial No.

SF	- N	792	183A	
J	- 0	, ,-	ruun	

6.	If Indian,	Allottee	or Tr	ihe Name
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SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or N		
1. Type of Well			* ;	-			
Oil Well X Gas Well Other		100		8. Well Name a	and No.		
2. Name of Operator				Carson		201	
Energen Resources Corporation		$\mathcal{L}_{\mathcal{S}}$ and					
3a. Address		3b. Phone No. (include area	r code)	9. API Well No			
2198 Bloomfield Highway, Farmington	n NM 87401	505-325-6800	i cone)	30-039-268			
4. Location of Well (Footage, Sec., T., R., M., or Survey	Description)	T 202 (22-0000	-	10. Field and F Basin Frui			
1565' FSL, 760' FWL, Sec. 07, T3	30N, R04W, N.M.P	.M.		Dasiii Fi u i		d I	
				11. County or	,		
12. CHECK APPROPRIATE	BOY(ES) TO INI	NOATE NATURE OF N	OTICE DED	Rio Arriba		NM	
TYPE OF SUBMISSION	DOX(ES) TO INE			JRT, OR OTE	HER DATA		
TIPE OF SUBIVISSION	ļ	TYPE	OF ACTION				
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water 5	Shut-Off	
	Alter Casing	Fracture Treat	Reclamation	, [
X Subsequent Report			$\overline{\Box}$	ľ	Well Int	egrity	
	Casing Repair	New Construction	Recomplete	e [X Other	spud	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily	y Abandon			
	Convert to Injection	on Plug Back	Water Dispo	osal			
08/03/02 Spud @ 4:30 am on 08/03 H-40 ST&C casing, set @ 223'. RU 2% CaCl2 (177 cu.ft.). Plug down RD Halliburton. WOC. NU BOP. T	Halliburton. (2:00 pm on 08/0	Cement with 150 sks (03/02. Circulate 70	Class B, 1, sks cement	/4#/sk floc	ച്ച		
				ed - no wit	e. ness 500 mg - 200 mg		
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)		Title		ed - no wit	e. ness		
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Vicki Donaghey		Title			e. ness 5		
Name (Printea/Typea)		Title	on Assista		e. ness 5		
Vicki Donaghey	SPACE FOR FEDI	Title Producti	on Assista	nt	e. ness.,	RECORD	
Vicki Donaghey	SPACE FOR FEDI	Title Producti Date 08/07/02	on Assista	nt ACCEPT	ness.		
Vicki Donaghey Vicki Donaghey This	this notice does not we	Title Producti Date 08/07/02 ERAL OR STATE OFFICE Title	on Assista	nt ACCEPT	ness.		