

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-045-08707	
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. E-1686	
7. Lease Name or Unit Agreement Name Schultz Com C	
8. Well No. 7	
9. Pool name or Wildcat Aztec Pictured Cliffs	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5858GL	

SUNDRY NOTICES AND REPORTS ON WELL  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
ENERGEN RESOURCES CORPORATION

3. Address of Operator  
2198 Bloomfield Highway, Farmington, NM 87401

4. Well Location  
Unit Letter L: 1850 Feet From The South Line and 990 Feet From The West Line

Section 2 Township 29N Range 10W NMPM San Juan County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: Casing Repair ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

It is intended to test for a casing leak as follows:

1. MIRU. TOH.
2. TIH with packer and test casing. If test fails - isolate leak.
3. Squeeze cement leak with a sufficient amount of cement. WOC.
4. TIH and drill out. Test casing to 500 psi - ok.
5. Rerun tubing and return to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Monica Papp TITLE Production Assistant DATE 8/14/00

TYPE OR PRINT NAME Monica Papp TELEPHONE NO. 505-325-6800

(This space for State Use)

ORIGINAL SIGNED BY CHARLIE T. PERAIN

DEPUTY OIL & GAS INSPECTOR, DIST. #3

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 15 2000

CONDITIONS OF APPROVAL, IF ANY: