

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. 30-039-24295
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name San Juan 32-5 Unit NP
8. Well No. 102
9. Pool name or Wildcat Basin Fruitland Coal
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6357' GL

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.)

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 K : 1820 Feet From The South Line and 1635 Feet From The West Line
Section 24 Township 32N Range 6W NMPM Rio Arriba County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
6357' GL

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>Run Pump and Rods</u> <input checked="" type="checkbox"/>

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.

9/18/99 Ran 2"x1 1/2"x12"x2" RWAC pump and 121 - 3/4" sucker rods. Pump set at 3046'.

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

SIGNATURE Monica Taylor TITLE Production Assistant DATE 9/21/99

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHARLIE T. PERMAN TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE SEP 22 1999

CONDITIONS OF APPROVAL, IF ANY: