## State of New Mexico Energy, \*\*finerals and Natural Resources Department

Form C-103

DISTRICT

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.
DISTRICT II	2040 Pacheco Santa Fe, N		30-025-21458
P.O. Drawer DD, Anesia, NM 88210  DISTRICT III	santa re, r	M 87505	5. Indicate Type of Lease
1000 Rio Brazos Rd., Azzec, NM 87410		••	6. State Oil & Gas Lease No. 23267
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.)			
			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL GAS	onex Conver	t to WIW	Langlie Lynn Queen Unit
2. Name of Operator  Energen Resources Co			8. Well No.
3. Address of Operator	I por at roll		18
-	, Ste 100, Midland, TX	79705	9. Pool name or Wildcat
4. Well Location	, to too, intuiting, ix	79703	Langlie Mattix 7 RVRS/Queen/GB
Unit Letter L : 1980	O Feet From The South	Line and660	Feet From The West Line
Section 26		ange 36E	NMPM Lea County
	10. Elevation (Show whether		
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER: Convert to WIW		OTHER:	
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, as	d give persinent dates, includ	ling estimated date of starting any proposed
to boo ber for 30 min	lutes. POH & re-perfor:	ate the 7 RVRS/O	00', pressure test casing ueen, acidize w/ 3,000 gals. est and begin water injection.
I nereby certify that the information above is true	and complete to the best of my knowledge and	belief.	
SIGNATURE	noud	Prod. Tech.	DATE 3/13/2000
TYPE OR PRINT NAME Denise M	enoud		те <b>дерно</b> не но. 915—687—20
(Thus space for State Use)		1111	
4 DER OLUTTO BY	Ċ		TO THE TAKE MANAGER
APPROVED BY	<u></u>	E ,	DATE -
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