

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco. Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>	WELL API NO. 30-025-22771
2. Name of Operator Energen Resources Corporation	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705	6. State Oil & Gas Lease No. 24695
4. Well Location Unit Letter <u>C</u> : <u>100</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>west</u> line Section <u>10</u> Township <u>25-S</u> Range <u>37E</u> NMPM County <u>Lea</u>	7. Lease Name or Unit Agreement Name: Stuart Langlie Mattix Unit
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3133' GR	8. Well No. 125
	9. Pool name or Wildcat Langlie Mattix 7 RVRS Queen

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Return well to injection <input checked="" type="checkbox"/>	
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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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Installed injection wellhead and started injecting water into well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
 SIGNATURE Sharon Hindman TITLE Regulatory Analyst DATE 9/11/2002
 Type or print name Sharon Hindman Telephone No. 915 684-3693
 (This space for State use)

APPROVED BY GARY W. WINTLE DATE SEP 13 2002
 Conditions of approval, if any: CC FIELD REPRESENTATIVE II/STAFF MANAGER