

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
2040 Pacheco St.  
Santa Fe, NM 87505

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

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

WELL API NO 30-025-22773-00-00
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 24695
7. Lease Name or Unit Agreement Name Stuart Langlie Mattix Unit
8. Well No. 128
9. Pool name or Wildcat Langlie Mattix 7 RVRS Queen Grayburg
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

**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 Injection

2. Name of Operator  
Energen Resources Corporation

3. Address of Operator  
3300 N. A St, Bldg 4, Ste 100, Midland, TX 79705

4. Well Location  
Unit Letter I : 1420 Feet From The South Line and 100 Feet From The East Line  
Section 10 Township 25-S Range 37-E NMPM Lea County

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

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Mechanical Integrity Test</u> <input 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.

Chart dated 11/23/99 shows pressure held for 30 minutes at 325 PSI.

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

SIGNATURE Denise Menoud TITLE Production Tech. DATE 12/1/99

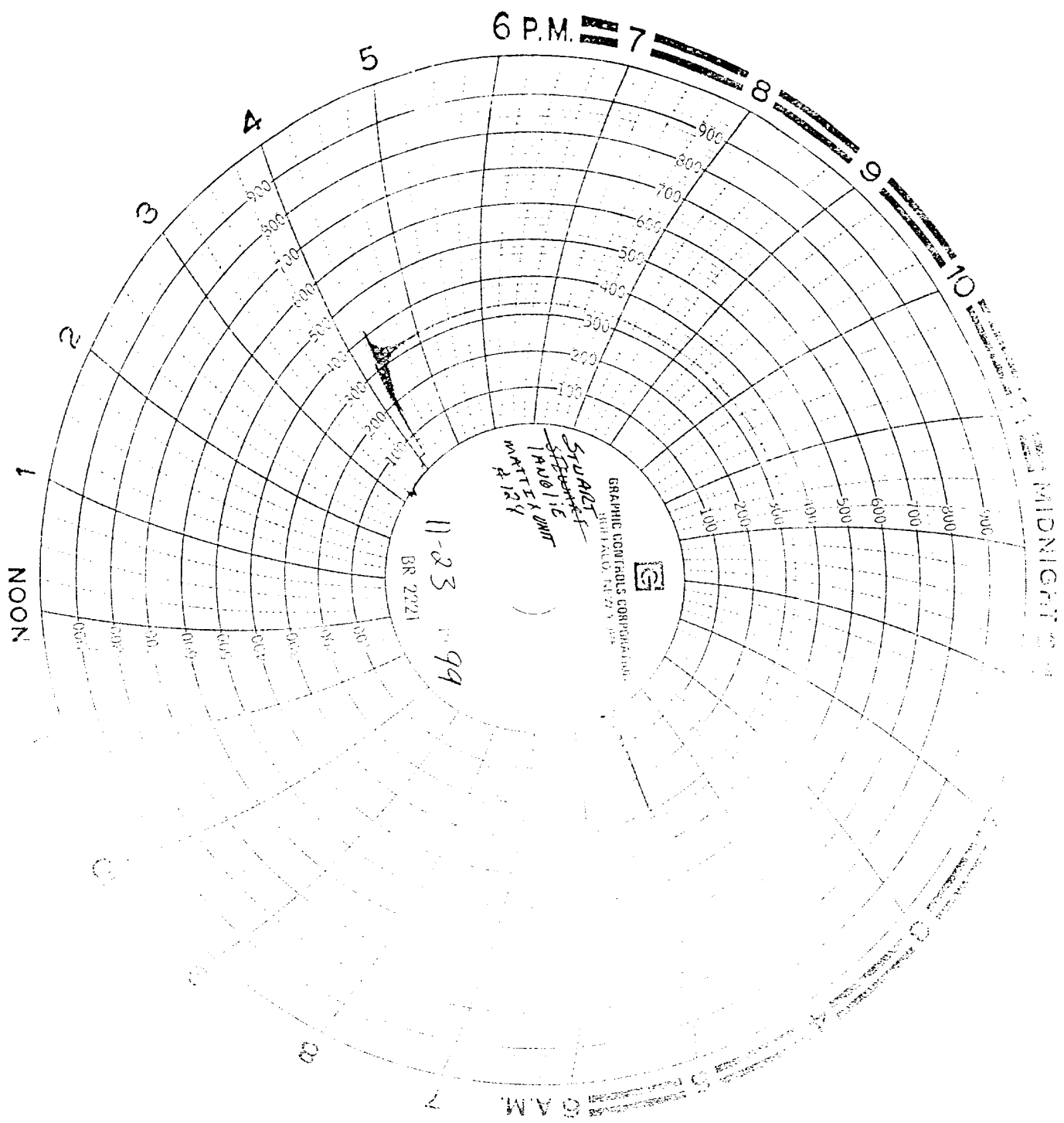
TYPE OR PRINT NAME Denise Menoud TELEPHONE NO. 915-687-1155

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

DEC - 6 1999



6 P.M.

7

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9

10

MIDNIGHT

NOON

1

2

3

4

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6 A.M.

7

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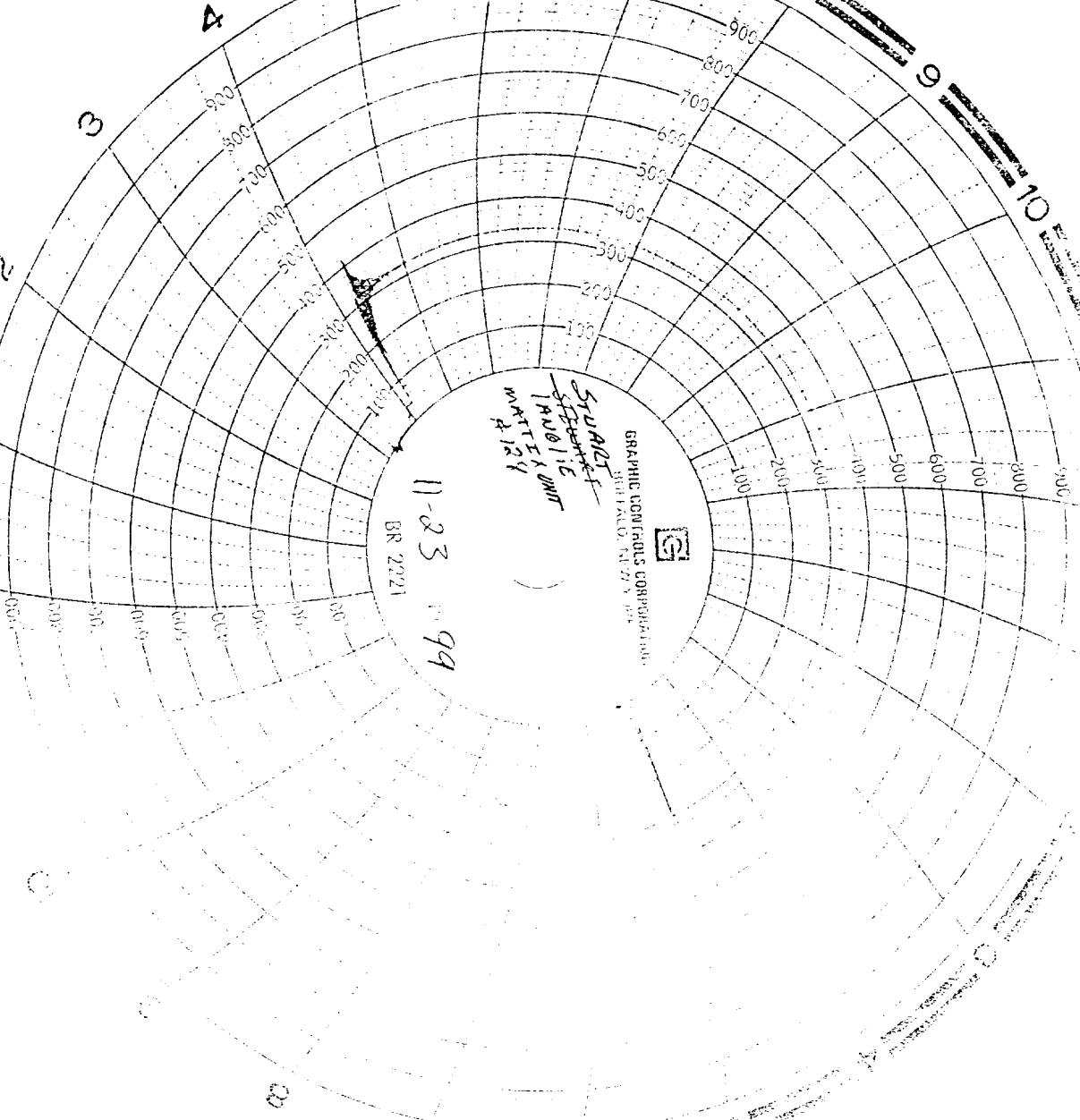
12

11-23 1994

BR 2221

STUART  
STANLEY  
WATER UNIT  
12/24

GRAPHIC CONTROLS CORPORATION  
BRIDGE PLAZA  
STUART, MASSACHUSETTS 01554



AKB Tally Station Fee  
1000 # count  
1 Hour clock  
Removal Fee



*Underground Injection Control Program*  
*"Protecting Our Underground Sources of Drinking Water"*

19-Aug-99

**ENERGEN RESOURCES CORP.**  
**3300 N. "A" STREET BLDG. 4**  
**STE. 100**  
**MIDLAND, TX 79705**

**RECEIVED**  
**AUG 23 1999**



Dear Sirs:

The following test(s) were performed on the listed dates on the following well(s) shown below in the test detail section.

The test(s) indicates that the well or wells failed to meet mechanical integrity standards of the New Mexico Oil Conservation Division. To comply with guidelines as established by the U.S. Environmental Protection Agency, the well must be shut-in immediately until the well is successfully repaired. The test detail section which follows, indicates preliminary findings and/or probable causes of the failure. Please keep in mind that this is a subjective determination based on one or more factors of the results of the test. The actual malfunction may not be similar in nature to those as estimated by this testing. Additional testing during the repair operation may be necessary to properly identify the nature of the well failure.

Please notify the proper district office of the Division as to the date and time that repairs will be attempted so such operations may be witnessed by a field representative.

**MECHANICAL INTEGRITY TEST DETAIL SECTION**

<b>Well Name and Number</b>		<b>Well Type and Status</b>		<b>Location</b>	<b>API Well No.</b>
STUART LANGLIE MATTIX UNIT 128		I	A	I 10 25S 37E	30-025-22773-00-00
<b>Type of Inspection</b>	<b>Inspector</b>	<b>Inspection No.</b>		<b>Violation?</b>	<b>*Significant Non-Compliance?</b>
MW	113	iSAD0001707		No	No
<b>Comments on Inspection:</b> A-OK. All Equipment and Location in Good Shape.					
<b>Test Date:</b>	7/30/99 1:07:04	<b>Permitted Injection PSI:</b>		<b>Actual PSI:</b>	
<b>Test Reason:</b>	5YRTST	<b>Test Result:</b> F		<b>Repair Due:</b> 11/2/99	
<b>Test Type:</b>	SAPT	<b>FAIL CAUSE:</b> MECH		<b>FAIL TYPE:</b>	
<b>Comments on MIT:</b>					

Thank you for your prompt attention to this matter and your efforts in helping to protect our ground water resources.

Sincerely,

Chris Williams, District I Supervisor

Note: Pressure Tests are performed prior to initial injection, after repairs and otherwise, every 5 years; Bradenhead Tests are performed annually. Information in Detail Section comes directly from field inspector data entries - not all blanks will contain data. "Failure Type" and "Failure Cause" and any Comments are not to be interpreted as a diagnosis of the condition of the wellbore. Additional testing should be conducted by the operator to accurately determine the nature of the actual failure. \* Significant Non-Compliance events are reported directly to the EPA, Region VI, Dallas, Texas.