
 Attachments can contain viruses that may harm your computer. Attachments may not display correctly.

Stogner, Michael, EMNRD

From: David Poage [David.Poage@energen.com] **Sent:** Fri 6/30/2006 9:31 AM
To: Stogner, Michael, EMNRD
Cc:
Subject: NSL-Federal 29-9-12 1S
Attachments:  Approved sundry-Federal 29-9-12 1S.pdf(1MB)

Michael,

Attached is a copy of the approved Sundry changing the location for the referenced well. If you require any additional information please advise.

Thanks for your assistance.

David Poage
District Landman
Energen Resources Corp.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

Name of Operator

Energen Resources Corporation

Address

2198 Bloomfield Highway, Farmington, NM 87401

3b. Phone No. (include area code)

(505) 325-6800

Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec. 12, T29N, R09W 610' FNL, 670' FWL NW/NW

5. Lease Serial No.

NMSF 078132

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Federal 29-9-12 #1S

9. API Well No.

30-045-33407

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

San Juan NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

The surface hole location has been moved from 575' FNL, 525' FWL to 610' FNL, 670' FWL for the Federal 29-9-12 #1S.

A new plat is attached.

SEE ATTACHED FOR
BOND AND/OR APPROVAL

I hereby certify that the foregoing is true and correct Name (Printed/Typed) Vicki Donaghey	Title Regulatory Analyst
<i>Vicki Donaghey</i>	Date 05/23/06

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <i>[Signature]</i>	Title [Signature]	Date 6/19/06
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

18 U.S.C. Section 1064, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

OPERATOR

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name UP FRUITLAND COAL	
⁴ Property Code		⁵ Property Name FEDERAL 29-9-12			⁶ Well Number 1S
⁷ OGRID No.		⁸ Operator Name ENERGEN RESOURCES CORPORATION			⁹ Elevation 6299'

¹⁰ Surface Location

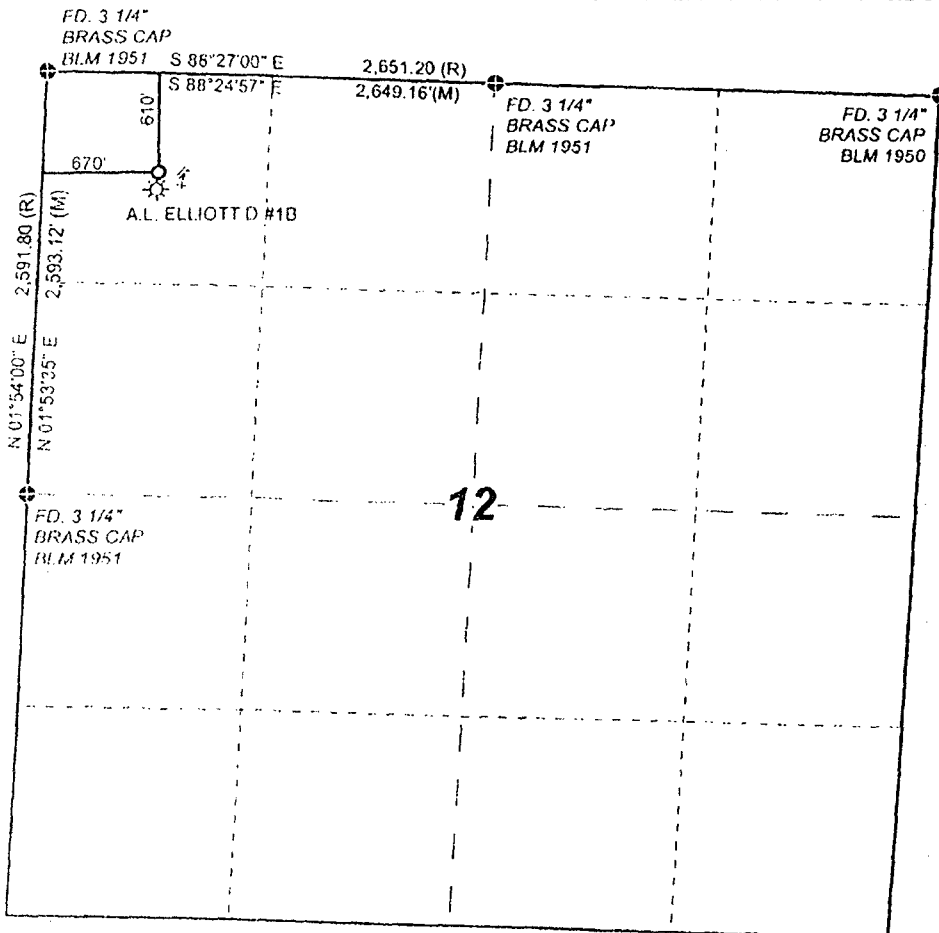
¹¹ 1/4, or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	12	29N	9W		610	NORTH	670	WEST	SAN JUAN

¹¹ Bottom Hole Location If Different From Surface

¹² 1/4, or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹³ Dedicated Acres	¹⁴ Joint or Infill	¹⁵ Consolidation Code	¹⁶ Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



¹⁷ OPERATOR CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
<i>Nathan Smith</i>	
Signature	
Nathan Smith	
Printed Name	
Drilling Engineer	
Title and E-mail Address	
5/22/06	
Date	
¹⁸ SURVEYOR CERTIFICATION	
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.	
4-10-06	
Date of Survey	
Signature and Seal of Professional Surveyor:	