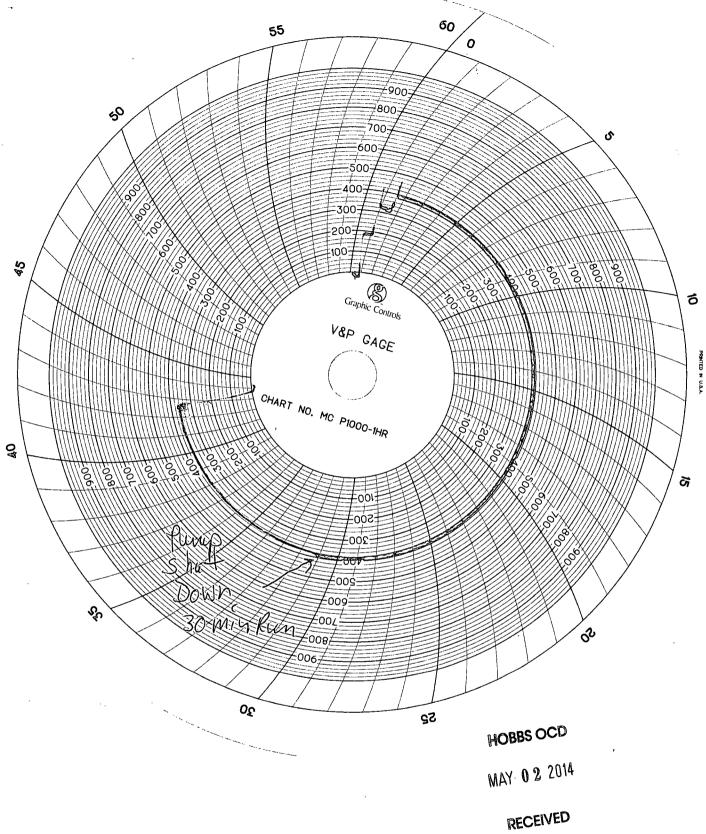
Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
istrict I		WELL API NO.	June 19, 2008	
District II			30-025-20052	
1301 W. Grand Ave., Artesia, NM 88210 District III	301 W. Grand Ave., Artesia, NM 88210		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8		STATE 🗷	FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lo 23267	ease No.
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CES AND REPORTS ON WELDSALS TO DRILL OR TO DEEPEN CONTROL OF THE C	OR PLUG BACK TO A 11) FOR S WRIBBS OC		
1. Type of Well: Oil Well Gas Well	Other wiw	MAY 02 20	8. Well Number	
2. Name of Operator			9. OGRID Number	6 29 24
Energen Resources Corporat	ion	RECEIVED		62928
3. Address of Operator	Ste. 100, Midland, TX 79705		10. Pool name or Wi Langlie Mattix 7	
4. Well Location	ice. 100, Marana, 12 /9/0.	<u>, </u>	· Langile Mattix /	RVRD/Queen/GD
Unit Letter D:	660 feet from the Nor	cth line and	660 feet from	the West line
	1 10			
Section 23	Township 23S	Range 36E		County Lea
	11. Elevation (Snow whether	DR, 100, RT, OR, C	L.,	
12. Check A	ppropriate Box to Indicate	Nature of Notice.	Report, or Other Da	ata
12/ 01/01/11	rp-op			
NOTICE OF INTI	ENTION TO:	SUB	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. 🗀	P AND A
PULL OR ALTER CASING		CASING/CEMENT J	ОВ П	
DOWNHOLE COMMINGLE				
DOWNINGLE COMMINGLE				
OTHER:		OTHER: Pressure	Test	×
13. 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.				
4/23/14 - Ran Pressure Te	st. See attached chart.			
	•			
				7 ·
Spud Date:	Rig Relea	ase Date:)	
I hereby certify that the information a	above is true and complete to the	best of my knowledg	e and belief.	
Bar 1. 1	Part			
SIGNATURE 17 Uneth 71	TIT	LE Regulato brenda.rathjen@		ATE <u>04/30/2014</u>
Type or print name Brenda F Rath	jen E-m	nail address:		HONE <u>432-688-3323</u>
For State Use Only	0	_		
APPROVED BY Silly	Eunamake TI	ILE Staff W	lanbyer DA	ATE 5/23/2014
Conditions of Approval (if any):			MAY 27	2014
			II MIL MORE E.	



Wireally Wesowices ATL: 30-025-2005 - 1005 - 1015 2014 (200 - 100 -LLQUIII Insector APJ 30-025-200521 May services Calibrated 1.8-14 rowin/Joog from from

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