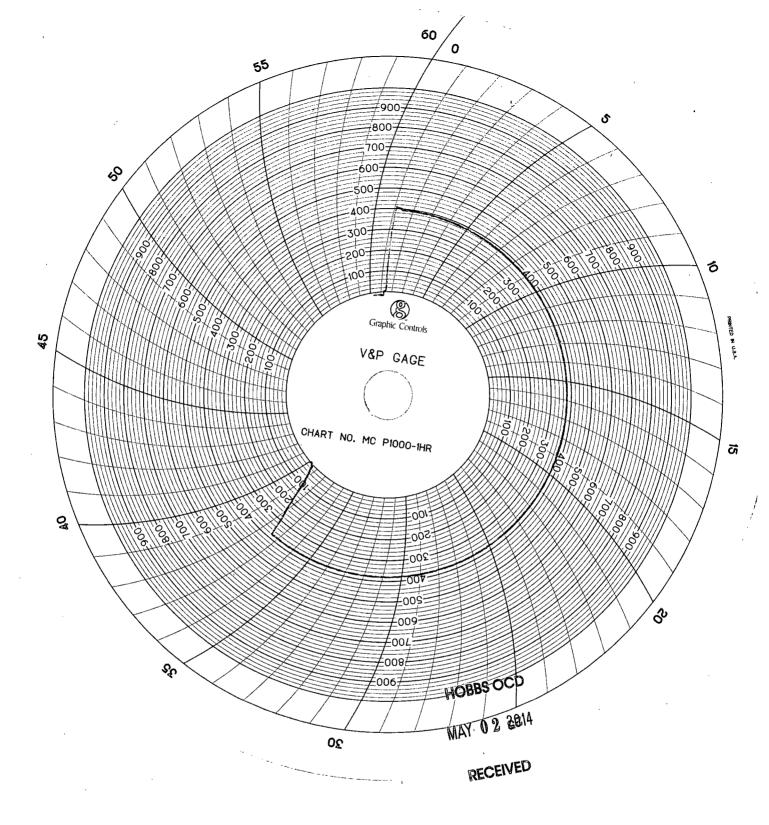
Submit 3 Gopies #3, Appropriate District Office	State of New Me		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natu	rai Resources	WELL API NO.	June 19, 2008
District II	OIL CONSERVATION DIVISION		30-025-2277	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Leas	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE x	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Leas 24695	e No.
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 BACK TO A			7. Lease Name or Unit A	_
PROPOSALS.)				
1. Type of Well: Oil Well Gas Well	Other Injection	MAY 02 2014	8. Well Number	
2. Name of Operator		_	9. OGRID Number	771
Energen Resources Corporation 3. Address of Operator			10. Pool name or Wildcat	
3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705			Langlie Mattix 7 RVRS Queen	
4. Well Location				/
Unit Letter <u> </u>	100 feet from the No.	rth line and	1650 feet from the	West line
Section 10		Range 37E		unty Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3133' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
12. Check Appropriate Box to indicate Nature of Notice, Report, of Other Bata				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK	☐ AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P	AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ов 🗆	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: Pressure	Test	<u>,</u>
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. 4/25/14 Ran Pressure Test. See attached chart.				
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information	above is true and complete to the	e best of my knowledg	ge and belief.	
SIGNATURE Bunda Hatyln TITLE Regulatory Analyst DATE 04/30/2014				
Type or print name Brenda F Rath	rjen E-n	nail address:	РНС	NE <u>432-688-3323</u>
For State Use Only	′/ .	~1 .4		
APPROVED BY / SUL	omanah Tr	_{TLE} Staff N	Nanager DATE	5/23/2014
Conditions of Approval (if any):				1

MAY 87 2014



Later Lesources 47 x ENL/1650 FWL/WLC/510/7255/R37E Vinda 125 miles of the contraction of the contracti 5 PT 1277 1 2277 1 vo er courty. N.M. 390 to P to 3 80 to Pin 36 Mino

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