Submit 3 Copies To Appropriate/District State of New Mexico	Form C-103			
Office HOBBS margy, Minerals and Natural Resources	June 19, 2008			
	WELL API NO. 30-025-11532			
1301 W. Grand Ave., Artesia, NM 884AN 2 2 OIL CONSERVATION DIVISION	5. Indicate Type of Lease			
1625 N. French Dr., Hobbs, NM 87240 District III 1301 W. Grand Ave., Artesia, NM 88AN 2 2 2 4 4 1220 South St. Francis Dr. District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fc, NM 87505	STATE FEE I			
District IV 1220 S. St. Francis Dr., Santa C. NM RECEIVED 87505	6. State Oil & Gas Lease No. 24695			
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:			
(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.)	Stuart Langlie Mattix Unit			
1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number			
2. Name of Operator Energen Resources Corporation	9. OGRID Number			
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>K</u> : <u>1650</u> feet from the <u>South</u> line and	2310 feet from the West line			
Section 10 Township 25-8 Range 37E	NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, e 3113' GR	tc.)			
12. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data			
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NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK 🔄 PLUG AND ABANDON 🗔 REMEDIAL WORK 🔲 ALTERING CASING 🗔				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A				
OTHER: 6 MONTH EXT. DOTHER: MIT	x			
13. Describe proposed or completed operations. (Clearly state all pertinent details, and gi of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attack or recompletion.				
MIT request to extend TA status.				
BHT failure	in October of			
Thank you- Thank you- BHT Failure in October of 2011 has not been reported				
as repaired				
IBB MONTHS OUT	·			
Spud Date: Rig Release Date:				
I hereby certify that the information above is true and complete to the best of my knowledg	e and belief.			
SIGNATURE BUNdy Martyes TITLE Regulate	ny Analyst DATE 01/22/2014			
Type or print name Brenda F Rathjen E-mail address:				
For State Lise Only APPROVED BY Land Whith TITLE Complian	4 Officer DATE 01-22-2014			
Conditions of Approval (if any):				

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