Submit 3 Copies To Appropriate District.	State of New M	Mexico		Form C-103
Office District I	Energy, Minerals and Na	tural Resoff@@SSOC	(<u>d</u>	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240		11-100	WELL API NO.	_
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	ON DIVISION 2 20	30-041-2045	54
District III	1220 South St. F	rancis Dr.	35. Indicate Type of Lea	
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		RECEIVED	6. State Oil & Gas Leas 023845	se No.
SUNDRY NOTIC	ES AND REPORTS ON W	ELLS	7. Lease Name or Unit	Agreement Name:
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)			Lambirth	_
1. Type of Well:			8. Well Number	
Oil Well 🗶 Gas Well 🗌 Other			3	J
2. Name of Operator			9. OGRID Number	
Energen Resources Corporation			162928	
3. Address of Operator			10. Pool name or Wildcat	
3300 N. A St., Bld.q 4, St 4. Well Location	South Peterson; Pen	n Associated		
4. Well Location				
Unit Letter <u>G</u> :	1980 feet from the N	orth line and	1980 feet from the	East line
Section 31	Township 5-8	Range 33-E	NMPM Co	ounty Roosevelt
	11. Elevation (Show whether		c.)	
	1 4	393' GR		
12. Check A	ppropriate Box to Indicate	e Nature of Notice,	Report, or Other Data	l
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	·	_		
PEI E-PERMITTING	D0.4 D	REMEDIAL WORK		TERING CASING L
TEI P&A NR	P&A R	COMMENCE DRILL	ING OPNS. P	AND A
PUI COMP CASING/CEMENT JO			ов 🗌	
CSNG	CHG Loc			
RBDI	IS CHART			
		071150		
OTHER:	<u> </u>	OTHER: MIT		X
13. Describe proposed or completed of starting any proposed work). or recompletion.				
or recompletion.				
11/12/2014		1/12/2014	1 1/12/2015	
Perform MIT for extension	of TA status. Last test	on 1/13/2014, expi	res 1/13/2015.	
		This	Approval of Temp	orary, /
			ndonment Expires	
		·	, , , , , , , , , , , , , , , , , , , ,	ZHM
) ,~~
Spud Date:	Rig Rel	ease Date:	,	
I hereby certify that the information	above is true and complete to t	he best of my knowledg	e and belief.	1/20/15/00/
SIGNATURE Menda t	Master T	TTFRequiato	ry Analyst DAT	re 11/17/2014
SIGNATURE / 1 UNAL 1		brenda.rathjen@		L
Type or print name Brenda F. Rat	hjen E	-mail address:		ONE <u>432/688-3323</u>
For State Use Only)			
APPROVED BY Bill &	unamah T	TITLE 1/23/20	0/5 DATE	Ē
Conditions of Approval (if any):				9 1
(/ / / /				.z−1 () N.

FOR RECORD ONLY

JAN 28 2015 MM

