Submit 3 Copies To Appropriate District Office	State of New Mo Energy, Minerals and Natu			Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	Elicigy, Milicials and Nati	irai Resources	WELL API NO.	June 19, 2008
District II	OIL CONSERVATION	N DIVISION	30-041-20471	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fra	ancis Dr.	5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505		FEE x
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease 024194	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 SUCH PROPOSALS.)  1. Time of Well:			7. Lease Name or Unit A Lambirth A	greement Name:
1. Type of Well: Oil Well X Gas Well	Other	8. Well Number	/	
2. Name of Operator JAN 2 2 2015  Energen Resources Corporation			9. OGRID Number 162928	
3 Address of Operator			10. Pool name or Wildcat	
3300 N. A St., Bldg. 4, Ste. 100 Midland, TX 79705			Peterson; Fusselman, South	
4. Well Location				
Unit Letter:	2055 feet from the Son	ıth line and	1980 feet from the_	East line
Section 31		Range 33E	NMPM Cou	inty Roosevelt
	11. Elevation (Show whether	DR, RKB, RT, GR, ei LO'GR	tc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INT	ENTION TO:	l SUE	SEQUENT REPORT	Γ OF·
F-PERMITTING				
P&A NR	· ]			ERING CASING
COMP COMP COMP CASING/CEMENT JO			<u> </u>	ND A
PU CSNG	IOB 🗀			
DC IA RBUI	MS CHART			
OTHER:		OTHER: MIT		x
13. Describe proposed or complete	d operations. (Clearly state all pe		ve pertinent dates, including	
of starting any proposed work)	. SEE RULE 1103. For Multiple			
or recompletion.				
11/12/2014				
Perform MTT for extension of TA status Last test on 01/13/2014, expires 1/13/2015.				
This Approval of Temporary,				
		Aba	andonment Expires_	11/12/2015
				MUS
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information	above is true and complete to the	hest of my knowleds	re and halief	· · · · · · · · · · · · · · · · · · ·
La. 1	above is true and complete to the	e best of my knowledg	ge and bener.	1/20/15 10/10
SIGNATURE / Plenda 7/	Calyer TIT		ory Analyst DATE	11/17/2014
Type or print name Brenda F. Rat	chjen E-m	brenda.rathjen@ nail address:		NE <u>432/688-3323</u>
For State Use Only	2			
APPROVED BY Bill Semanah TITLE Staff Manager DATE 1/23/2015				
Conditions of Approval (if any):				
JAN 28 2015				

