Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural	•		Form C-103 June 19, 2008
District I 1625 N. French Dr., Hobbs, NM 87240 District II District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		LL API NO.	June 19, 2008
		30-041-20584	
		5. Indicate Type of Lease STATE FEE •	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV.			
1220 S. St. Francis Dr., Santa Fe, NM 87505		tate Oil & Gas Lease 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.)		7. Lease Name or Unit Agreement Name: Lambirth A	
1. Type of Well: Oil Well Gas Well Other SWD		8. Well Number 6	
2. Name of Operator		9. OGRID Number	
Energen Resources Corporation		162928	
3. Address of Operator 3510 N. A St., Bldgs. A & B Midland, TX 79705		10. Pool name or Wildcat Fusselman-Montoya SWD	
4. Well Location			
Unit Letter J: 1830feet from the South line and 1980 feet from the line			
Section 30 Township 55 Ran	nge 33E NM	IPM County	Roosevelt
11. Elevation (Show whether DR,			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CA			
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			Α 📋
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE			
отнёк: 🔲 от	HER:		
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.			
Energen requests to pull tubing and packer and repair.			
Bradenhead UIC required test then to be performed.	Condition (of Approval: notify	
THANK YOU!	OCD Hob	bs office 24 hours	
prior of running MIT Test & Chart			
	brior or ramo	ing with test & Cir	a14
Spud Date: Rig Release Date:			
I hereby certify that the information above is true and complete to the bes	t of my knowledge and	belief.	
SIGNATURE Bunda Hattye TITLE Regulatory Analyst DATE 04/23/2015			
Type or print name <u>Brenda F. Rathjen</u> E-mail address:PHONE <u>432-688-3323</u>			
For State Use Only Maland Rough 2 Det Sugar 4/23/2015			
APPROVED BY THE SULL SULL SULL SULL SULL SULL SULL SUL			