Submit 3 Copies To Appropriate District State of New Mexico	/ Form C-103
Office Energy, Minerals and Natural Resources	
1625 N. French Dr., Hobbs, NM 87240 District II	WELL API NO 30-045-31241
811 South First, Artesia NM 87210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE X FEE
District IV	
2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No. E-8445
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name:
Type of Well:     Oil Well	
2. Name of Operator	8. Well No.
Energen Resources Corporation	1C
3. Address of Operator	9. Pool name or Wildcat
2198 Bloomfield Highway, Farmington, NM 87401 4. Well Location	Blanco Mesaverde
4. Wen Location	
Unit Letter <u>J</u> : <u>2070</u> feet from the <u>South</u> line an	nd1710 feet from theEastline
	BW NMPM County San Juan
10. Elevation (Show whether DR, RKB, RT, 5769' GL	GR, etc.)
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL W	
	DRILLING OPNS.  PLUG AND [
PULL OR ALTER CASING	
	•
OTHER: OTHER: set	
12. 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 recompilation.	
01/16/03 TD: 4991'. Ran 58 jts. 4-1/2" 10.5# J-55 ST&C casing, set @ 4887'. TOL: 2445'. RU Halliburton. Cement with 355 sks 50/50 Class B poz, 2% gel, 5#/sk gilsonite, 1/4#/sk flocele, 0.5% Halad-9, 0.2% CFR-3, 0.1% HR-5 (469 cu.ft.). Plug down 3:45 pm on 01/16/03. Circulate 50 sks cement to surface. TOC: 2445'. RD Halliburton. ND BOP. Released rig 6:00 am on 01/17/03.	
	AT SOLUTION OF THE SOLUTION OF
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE VICKI DOWGARD TITLE Production Assistant DATE 01/21/03	
Type or print name Vicki Donaghey	Telephone No. 505-325-6800
(This space for State use) / /	
APPROVED BY Charle To DEPUTY Of 3 SAS INSTECTOR, MST. 43 DATE DATE DATE	