Submit 3 Copies To Appropriate District	State of New M			Form C-103
Office District I	Energy, Minerals and Natu	ral Resources	WELL API NO.	Revised May 08, 2003
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATIO	N DIVISION	30-045-3	1705
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fr		5. Indicate Type of I	Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		STATE X	FEE 🗆
District IV 1220 S. St. Francis Dr., Santa Fe, NM 8750	5		6. State Oil & Gas L	ease No.
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPORTERN RESERVOIR. USE "APPLIPROPOSALS.)	CES AND REPORTS ON WE OSALS TO DRILL OR TO DEEPEN CATION FOR PERMIT" (FORM OSAL)	OR PLUG BACK TO A	7. Lease Name or Un Santa Rosa 6	nit Agreement Name:
1. Type of Well: Oil Well Gas Well X	Other	ON POSTOR	8. Well Number	
2. Name of Operator	33	000 N E	. OGRID Number	
Energen Resources Corpora	tion E	-07.30/V	/ 16292	
3. Address of Operator	Exprington NM 97401		10. Pool name or W	· · · · · · · · · · · · · · · · · · ·
2198 Bloomfield Highway - 4. Well Location	Farmington, NM 8/401	Col BI II	Basin Fruitland (	Joan
Unit Letter I:	1955 feet from the So	uth line and	660 feet from	the East line
Section 06	Township 29N	Range 09W	NMPM	County San Juan
	11. Elevation (Show whether	DR, RKB, RT, GR, et	c.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS X	COMMENCE DRILL	NG OPNS. 🗌	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER: Change of Operator		OTHER:		
13. Describe proposed or comple	ted operations. (Clearly state al	pertinent details, and	give pertinent dates, inc	cluding estimated date
	. SEE RULE 1103. For Multipl			
	ective 08/01/04 Energen Res ar extension for the drill		eratorship of this	well. We would
Change of Plan: We plan to change the 5-1/2" casing from 17# to 15.5#. Cement volumes will remain the				
same.				
	Apo ExT.	Exp. 6-1	12-05	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE VICE IN THE SIGNATURE	nochay TI	rle <u>Productio</u>	n Assistant	DATE <u>08/03/04</u>
Type or print name Vicki Donagh	ey O		Telepho	ne No. 505-325-6800
(This space for State use)	1 / 1 10	EPUTY OIL & GAS INSP	ECTOR, DIST. 🕬	Alic
APPROVED BYConditions of approval, if any.	- Thylland	TLE	DA	AUG - 5 2004