Submit 3 Copies To Appropriate District	State of Ne			_	Form C-103	
Office District I	Energy, Minerals and	Natural Resources	WELL AF		vised May 08, 2003	
25 N. French Dr., Hobbs, NM 87240 strict II OIL CONSERVATION DIVISION				30-045-31796		
1301 W. Grand Ave., Artesia, NM 88210 District III	rand Ave., Artesia, NM 88210 1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Prio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			ATE X FI	EE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State C B 1087	Oil & Gas Lease N	0.	
SUNDRY NOTIC	ES AND REPORTS ON	N WELLS	7. Lease	Name or Unit Agr	eement Name:	
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)			TO A Santa Ro)sa 16		
1. Type of Well:		1000 210 m	S & Well N	lumber		
Oil Well Gas Well X	Other	Allo	5d t3	2		
2. Name of Operator		S ON TO	OOA 9 OGRIC			
Energen Resources Corporat	10n	le of	STOV Pool	162928 name or Wildcat		
3. Address of Operator 2198 Bloomfield Highway -	Farmington, NM 8740		##35.c. 2~#	ruitland Coal		
4. Well Location	<u>, a. m., i, g. v., i i i i i i i i i i i i i i i i i i i</u>	Keep,	14/3			
Unit Letter J:	2090 feet from the	South Sline	1915	feet from the	East line	
Section 16	Township 29	ON Range 0	9W NMPM	Count	ty San Juan	
Section 10	11. Elevation (Show wh			Count	y San Suan	
		5789 ' GR			Andrews 75	
	appropriate Box to Inc	dicate Nature of N	_			
NOTICE OF INTE				NT REPORT		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL V	VORK	☐ ALTE	RING CASING L	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE	DRILLING OPNS.		S AND NDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TES				
OTHER: Change of Operator		OTHER:				
13. Describe proposed or complete	ed operations. (Clearly st	ate all pertinent detai	ils, and give pertine	nt dates, including	estimated date	
of starting any proposed work). or recompletion.						
•		_				
Change of Operator: Effective to request a one year	_			of this well.	We would	
Change of Plan: We plan	to change the 5-1/2"	casing from 17# d	to 15.5#. Cemer	nt volumes will	remain the	
same.						
	APO EXT.	EXP 8-	21-05			
	•					
I hereby certify that the information above	a is true and gamplete to the	hast of my knowledge	and baliaf			
Thereby certify that the information above	s is true and complete to the	best of my knowledge	and belief.			
SIGNATURE MULL DO	nagyay	TITLEPro	duction Assista	ntDATE	08/03/04	
Type or print name Vicki Donaghe	y O O			Telephone No.	505-325-6800	
(This space for State use)	011	DEPUTY O	IL & GAS INSPECTO	18 014	اللا م	
APPROVED BY	Made	TITLE	ir a and install	R, DIST. 😂 💆 – 🗗	AUG -5 200	
Conditions of approval, if any:	11-11					