Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED
OMB NO 1004-0137
Expires July 31, 2010

5 Lease Serial No.

ν.	Louse	OCHIGH	

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter-and

NMM 28277 6. If Indian, Allottee or Tribe Name

abandoned well. Use Form	n 3160-3 (APD) foi	•	•				
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or	CA/Agreement	, Name and/or No
		•	gt on Tield Ottic				
1. Type of Well	B	Ureau of	Land Managen	nei	0. 111 11 11		····
Oil Well X Gas Well Other				<u> </u>	8 Well Nam Arboles 2		# 10
2. Name of Operator							
Energen Resources Corporation 3a. Address		2h Pho	ne No. (<i>include are</i>	a codal	9 API Well		
2010 Afton Place, Farmington, NM 8	7401		505) 325–6800	· ·	30-039-3		oratom. A soo
4. Location of Well (Footage, Sec., T., R., M., or Survey I			303) 323 0000		10 rield an	nd Pool, or Expl	oratory Area
Surface: 990' FSL, 820' FWL Sec.	21, T32N, R04W	(M) SW	r/sw		Basin Fr	uitland Coa	al
					11. County	or Parish, State	
	T32N, R04W (M)		····		Rio Arri		<u>NM</u>
12. CHECK APPROPRIATE	E BOX(ES) TO INI	DICATE	NATURE OF N	OTICE, REPO	RT, OR OTH	HER DATA	
TYPE OF SUBMISSION			TYP	E OF ACTION			
Notice of Intent	Acidize			Production	(Start/Resume)	Water S	Shut-Off
	Alter Casing		racture Treat	Reclamation	,	- Well-Int	
X Subsequent Report		\equiv		\exists		_	
<u> </u>	Casing Repair	\equiv	New Construction	Recomplet		[A] Other 1	ntermediate
Final Abandonment Notice	Change Plans		Plug and Abandon	Temporari	ly Abandon	<u>casing</u>	
BP	Convert to Injection	on1	Plug Back	Water Disp	oosal		
Cement with 740 sks. (312 bbls) PPRB-II, 5#sk gilsonite, 1/4#/sk forment to surface. RD Halliburto and kill line to 200# low - 15 min 1500 psi - 15 minutes - ok.	locele. Plug d n. WOC. NU BO	lown (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1:30 am on 6 st BOP, pipe h - 15 minut ACCEP	5/2/11. Cir and blind r ses - ok. I TED FOR RI UN 0 8 201	rculated in rams, manipressure tecoral	60 bbls fold, TIW	valves
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)							
Anna Stotts		Titl	e Regulat	tory Analys	t		
Signature Anna Tott		Dat	e 6/3/11				·
тніз	SPACE FOR FEE	DERAL C	R STATE OFF	ICE USE			
Approved by			Title			Date	-
Conditions of approval, if any, are attached Approval of this not the applicant holds legal or equitable title to those rights in the subsentitle the applicant to conduct operations thereon.		tify that	Office				
Title 18 U S C Section 1001, and Title 43 U S.C. Section 1212, r fictitious or fraudulent statements or representations as to any ma			gly and willfully to m	nake to any departm	nent or agency o	f the United State	s any false,
o. Typecontained to diff in		HE HE OF HE	V		******		