| Submit 3 Copies To Appropriate District | State of New Mexico | | | | | Form C-103 |
|---|---------------------|----------------------|------------|-----------------------|--|--|
| Office District I | Energy, Minerals a | nd Natu | ral Reso | urces 2122 | <u> </u> | May 27, 2004 |
| 1625 N. French Dr., Hobbs, NM 87240 | | | | <i>[0</i> . | WELL API NO. 7 30-045-2 | 7442 |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERV | VATIOI | N DIVI | SION _E , S | 5. Indicate Type of | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 Soutl | n St. Fra e, NM 8 | aneis Di | * ? | r State □ | FEE 🗆 |
| District IV | | c, ivivi o | 1 | 4 | 6. State Oil & Gas I | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | | NM6894 | case ivo. |
| | ES AND REPORTS | | | | 7. Lease Name or U | nit Agreement Name: |
| (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) | | | | | Federal 32-8-6 | |
| 1. Type of Well: | | | | | 8. Well Number | |
| Oil Well Gas Well | Other | | | | 1 | |
| 2. Name of Operator | | | | | 9. OGRID Number | |
| Energen Resources Corporat | ion , | | | | 10 0 1 | r*1 1 |
| 3. Address of Operator 2198 Bloomfield Highway | | | | | 10. Pool name or Wildcat Basin Fruitland Coal | |
| 4. Well Location | | | | | Basin Fruitiand | COAL |
| | | | | | | |
| Unit LetterA: | feet from the | No: | rth | line and | 840 feet from | the <u>East</u> line |
| Section 26 | Township | 32N | Range | 8W | NMPM | County San Juan |
| | 11. Elevation (Show | | | | | |
| | | 67 | 782 'CR | | | The Property of the State of th |
| Pit or Below-grade Tank Application | or Closure | | | | | |
| Pit type Depth to Groundwater | | earest fres | h water we | ll Dis | tance from nearest surfac | e water |
| Pit Liner Thickness: mil | Below-Grade Tank | : Volume | b | ols; Construction | n Material | |
| | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | | | | |
| NOTICE OF INT | | | | | SEQUENT REP | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDO | ON 🔲 | REMED | OIAL WORK | | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | | сомм | ENCE DRILLI | NG OPNS. 🔲 | PLUG AND |
| PULL OR ALTER CASING | MULTIPLE | | CASING | G TEST AND | | ABANDONMENT |
| | COMPLETION | | CEMEN | IT JOB | | |
| OTHER: Request for extended S | hut In status | X | OTHER | ! : | | |
| | | | | | nortinant datas, inch | Iding actimated data |
| 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 addition | | | | | _ | |
| over operation of this well 8/2/04. This well is in a winter closure area and all the equipment has been | | | | | | |
| stripped from the location right answer. | n. We are requestir | ng time | to eval | uate this w | ell before pluggi | ng, if that is the |
| Rule 201B compliance By June 1, 2005 | | | | | | |
| Rule 2 | OIB Contlin | ance | My J | une I, a | (005 | |
| | | | | | | |
| | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan | | | | | | |
| SIGNATURE And Brok | <u> </u> | ТІТ | TLEF | roduction S | Superintendent] | DATE <u>2/17/05</u> |
| | | | mail addr | | dgraham@energen. | com. |
| Type or print name Don Graham | | | a. 1. | | Teleph | one No. 505-325-6800 |
| For State Use Only | | | Mich | SUPERVIS | OR DISTRICT # 3 | FEB 2 4 2005 |
| APPROVED BY Charle | | TI | TLE | | D. | ATE |
| Conditions of Approval, if any: | | | | | | |