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.

SUNDRY NOTICES AND REPORTS ON WELLS					Ĺ	NMM 59696			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.						6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on page 2						7. If Unit or CA/Agreement, Name and/or No.			
1 T CW-II			MAR 08 2	112					
1. Type of Well Oil Well X Gas Well Other					ŀ	8. Well Name	and No).	
Caltilington Field Office					·	Carracas 27B # 1H			
Energen Resources Corporation		Bur	eau of Land Ma	nager	men.	 			
3a. Address			3b. Phone No. (include area code)			9. API Well No.			
2010 Afton Place, Farmington, NM 87401			(505) 325–6800			30-039-30906 10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			(303) 323-0000			To. Field and 1001, of Exploratory Area			
Sec. 26, T32N, R04W 762' FNL 1736' FWL (C)NE/NW						Basin Fruitland Coal			
(4,12						11. County or Parish, State			
						Rio Arrib	a	NM	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REP						ORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION								
Notice of Intent	Acidize		Deepen		Production ((Start/Resume)		Water Shut-Off	
	Alter Casing	Fracture Treat		Reclamati		on Well Integrity		Well Integrity	
X Subsequent Report		믐		=			=		
	Casing Repair	⊢	New Construction	三	Recomplete			Other Request for	
Final Abandonment Notice	Change Plans	ᆜ	Plug and Abandon	<u></u> □ '	Temporarily	/ Abandon	APD	extension	
	Convert to Injecti	on	Plug Back	Ш,	Water Dispo	osal			
testing has been completed. Final Abandonment l determined that the final site is ready for final insp Energen Resources would like to h	ection.)	-	-					•	
						RCVD	MAR	44.	
			OIL CONS. DIV.						
							DIST	. J	
Expire 6/4/2014 Current NMOCD rules and regulations must be met at time of drilling							and		
							-		
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)			. <u> </u>						
Anna Stotts		Ti	tle Regul	ator	y Analy	st			
Signature Mina Stolls		D	ate 2/16/1	2					
THIS	S SPACE FOR FEE	DERAL	OR STATE OFF	ICE U	SE				
Approved by Lucy Bu	_		Title 20	5		I	Date 5	3/9/2012	
Conditions of approval, if any, are attached. Approval of this not the applicant holds legal or equitable title to those rights in the su entitle the applicant to conduct operations thereon	tice does not warrant or cer bject lease which would	tify that	Office BL	M	- /=	FO		····	
ensure are appressed to consider operations thereon				•					