Form 3160-5 (August 2007)

entitle the applicant to conduct operations thereon

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVEL

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

5. Lease Serial No.

| SUNDRY | NOTICES | AND | REPORTS | ON | WELLS | SEP | 11 | 2012 |
|--------|---------|-----|---------|----|-------|-----|-----|-------|
| | | | | | | | T . | 50 IE |

| Do not use this form for abandoned well. Use For | Jicarilla Apache | | | | |
|--|--|---|--|--|--|
| SUBMIT IN TRIPLICA | 7. If Unit or CA/Agreement, Name and/or No | | | | |
| 1 Type of Well Oil Well X Gas Well Other 2. Name of Operator Energen Resources Corporation 3a. Address 2010 Afton Place, Farmington, NM & 4. Location of Well (Footage, Sec., T., R., M., or Survey 595' FNL, 700' FEL Sec. 3 T26N F | 37401 5 Description) | ne No. (<i>include area code)</i> 05–325–6800 | 8. Well Name and No. Jicarilla 96 #600H 9 API Well No. 30-039-30999 10. Field and Pool, or Exploratory Area Gavilian Mancos 11. County or Parish, State | | |
| 12. CHECK APPROPRIAT | E BOX(ES) TO INDICATE | NATURE OF NOTICE, RI | Rio Arriba NM EPORT, OR OTHER DATA | | |
| TYPE OF SUBMISSION | | TYPE OF ACTI | · · · · · · · · · · · · · · · · · · · | | |
| If the proposal is to deepen directionally or recompact Attach the Bond under which the work will be perfollowing completion of the involved operations. | Alter Casing Casing Repair Change Plans Convert to Injection y state all pertinent details, includiblete horizontally, give subsurface rformed or provide the Bond No. (If the operation results in a multiple Notices shall be filed only after all ection) | Fracture Treat New Construction Plug and Abandon Temp Plug Back Mate Ing estimated starting date of ar locations and measured and true on file with BLM/BIA. Require completion or recompletion of requirements, including recla | water Shut-Off water Shut-Off well Integrity Other Request for Disposal To Dis | | |
| | | | RCVD SEP 25'12 OIL CONS. DIV. DIST. 3 | | |
| approval expi | ues 12/8/1 | 4 | | | |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Anna Stotts | Titl | e Regulatory Ana | lyst | | |
| Signature AmaStott | Dat | e 9/13/12 | | | |
| THIS | SPACE FOR FEDERAL C | | | | |
| Approved by Conditions of approval, if any, ar attached Approval of this not the applicant holds lead or equitable title to those rights in the applicant holds lead or equitable title to those rights in the applicant holds. | ice does not warrant or certify that | Office Disco | Date 9/17/12 | | |

Title 18 U S C Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.