Form 3160-5 (April 2004)

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

| FORM-APPROVED |
|-----------------------|
| OMB NO. 1004-0137 |
| Expires March 31, 200 |

5. Lease Serial No.

| 3 | | | |
|-----|-------|---------------|---|
| - 1 | 13051 | 30016 | ٠ |
| | | - 41 11 11 15 | |

| Do not use this form for p abandoned well. Use Forn | SUNDRY NOTICES AND REPORTS ON WELLS | | | | |
|---|-------------------------------------|--------------------------------|----------------------|---------------------------|---|
| | 1 3160-3 (APD) fo | r such proposals. | 12.12.31 12.12.31 | 6. If Indian, Al | lottee or Tribe Name |
| SUBMIT IN TRIPLICATE - 0 | Other instructions | or Deverse side | 15/14 | 7. If Unit or Ca | A/Agreement, Name and/or No |
| 1. Type of Well | | OTTO EADVINE | | 8. Well Name a | and No. |
| Oil Well X Gas Well Other | | | | Carracas 27A 9 | |
| 2. Name of Operator | | | | | |
| Energen Resources Corporation 3a. Address | | 3b. Phone No. (include area co | o da l | 9. API Well No | |
| | 505.325.6800 | oue) | 30-039-27551 | | |
| 2198 Bloomfield Highway, Farmington 4. Location of Well (Footage, Sec., T., R., M., or Survey L | 1 505.325.6600 | | | Pool, or Exploratory Area | |
| | 32N, R5W, N.M.P | м | | Dasili Fiui | cala coar |
| NE/SE | .11. | | 11. County or | Parish, State | |
| | | | | Rio Arriba | NM. |
| 12. CHECK APPROPRIATE | BOX(ES) TO INI | DICATE NATURE OF NOT | CICE REPO | | |
| | | | | | |
| TYPE OF SUBMISSION | TYPE | OF ACTION | | | |
| Notice of Intent | Acidize | Deepen | Production | (Start/Resume) | Water Shut-Off |
| | Alter Casing | Fracture Treat | Reclamation | , , | Well Integrity |
| X Subsequent Report | | | ╡ | | |
| | Casing Repair | New Construction | Recomplete | | X Other <u>spud</u> |
| Final Abandonment Notice | Change Plans | Plug and Abandon | Temporarily | y Abandon | |
| | Convert to Injecti | ion Plug Back | Water Disp | osal | |
| casing, set @ 251'. RU Halliburt Plug down @ 8:30 pm on 06/09/05. Pressure test casing & BOP to 600 | Circulate 10 b | | | | |
| | | | | | |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Vicki Donaghey | | Title Regulator Date 06/13/05 | ry Analys | | EPTED FOR RECORD |
| Name (Printed/Typed) Vicki Donaghey | S SPACE FOR FE | Regulator | | | |
| Name (Printed/Typed) Vicki Donaghey | S SPACE FOR FE | Regulator Date 06/13/05 | | ACC | EPTED FOR RECORD JUN 2 2 2005 ate MINGTON FIELD OFFICE |