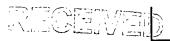
Form 3160-5 (August 2007)

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



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

5. Lease Serial No.

<u>Jicarilla Contract 95</u>

6. If Indian, Allottee or Tribe Name

JUN 14 2013 SUNDRY NOTICES AND REPORTS ON WELLS

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

abandoned well. Use For	m 3160-3 (APD) for such proposalsກຽເວກ Field Offi	C.
SUBMIT IN TRIPLICATE - Other instructions on page 2		7. If Unit or CA/Agreement, Name and/or N
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator		8. Well Name and No. Jicarilla 95 # 8A
ENERGEN RESOURCES CORPORATION 3a. Address	3b. Phone No. (include area code)	9. API Well No.
2010 Afton Place, Farmington, NM 8 4. Location of Well (Footage, Sec., T., R., M., or Survey	<u>37401</u> 505.325.6800	30-039-21260 10. Field and Pool, or Exploratory Area Blanco Mesaverde Gavilan Pictured Cliffs 11. County or Parish, State Rio Arriba NM
12. CHECK APPROPRIAT	TE BOX(ES) TO INDICATE NATURE OF NOTICE, REF	
TYPE OF SUBMISSION	TYPE OF ACTIO	N .
Attach the Bond under which the work will be perfollowing completion of the involved operations. It is to determine that the final site is ready for final inspection of the involved operations. It is to determine that the final site is ready for final inspection of the involved operations. It is ready for final inspection of the involved operations. 1. MIRU pulling unit. NDWH, NUBOF 2. TIH w/ 2 3/8" thing to 3780. 3. RU cmnt crew and pressure test 4. Spot 3bbl balanced plug in csr 5. PU to 3300' and reverse circul 6. SI thing. WOC.	Alter Casing Fracture Treat Reclams New Construction Recomp New Construction Recomp Change Plans Plug and Abandon Tempor Convert to Injection Plug Back Water I State all pertinent details, including estimated starting date of any plete horizontally, give subsurface locations and measured and true afformed or provide the Bond No. on file with BLM/BIA. Required If the operation results in a multiple completion or recompletion in Notices shall be filed only after all requirements, including reclams section.) The a casing collar leak at 3756 on the Jicar of the Lines. Establish injection rate.	plete Other
	otify NMOCD 24 hrs prior to beginning operations	
I hereby certify that the foregoing is true and correct Name (Printed/Typed) Collin Placke	Title District Enginee	r
Signature Ollin Alan	Date 6/14/13	
THIS	S SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved by Original Signed: Stephen I		Date JUN 1 7 2013
Conditions of approval, if any, are attached. Approval of this not	tice does not warrant or certify that Office	

the applicant holds legal or equitable title to those rights in the subject lease which would

entitle the applicant to conduct operations thereon.