

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

RECEIVED

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter abandoned well. Use Form 3160-3 (APD) for such proposals.*

JUL 25 2014

**SUBMIT IN TRIPLICATE - Other instructions on page 20 of Land Management**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. Jicarilla Apache 183
2. Name of Operator Energen Resources Corporation		6. If Indian, Allottee or Tribe Name Jicarilla Apache
3a. Address 2010 Afton Place, Farmington, NM 87401	3b. Phone No. (include area code) (505) 325-6800	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 861' FSL 802' FWL Sec. 23 T23N R03W (M) SW/SW BHL: 790' FSL 200' FWL Sec. 22 T23N R03W (M) SW/SW		8. Well Name and No. Chacon Jicarilla 602H
		9. API Well No. 30-043-21234
		10. Field and Pool, or Exploratory Area West Lindrith Gallup-Dakota
		11. County or Parish, State Sandoval NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other <u>correction</u> <u>on pool name</u>

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Energen was notified by NMCD that the correct pool name is the West Lindrith Gallup-Dakota Oil Pool.  
Attached is the approved C-102 for reference.

OIL CONS. DIV DIST. 3

ACCEPTED FOR RECORD JUL 29 2014

JUL 25 2014

FARMINGTON FIELD OFFICE  
BY: William Tambekou

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Anna Stotts	Title Regulatory Analyst
Signature 	Date 07/25/14

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

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.

NMCD

DISTRICT I  
1626 N. Franah Dr., Hobbs, N.M. 88240  
Phone: (575) 393-6161 Fax: (575) 393-0780

DISTRICT II  
811 S. First St., Artesia, N.M. 88210  
Phone: (875) 748-1283 Fax: (875) 748-8720

DISTRICT III  
1000 Rio Brazos Rd., Artesia, N.M. 87410  
Phone: (805) 334-6178 Fax: (805) 334-6170

DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87500  
Phone: (505) 476-3480 Fax: (505) 476-3482

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-102  
Revised August 1, 2011

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, NM 87505

RECEIVED

Submit one copy to appropriate  
District Office

JUN 06 2014

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION FIELD OFFICE

*API Number 30-043-21234		*Pool Code 39189	Bureau of Land Management West Lindalith Gallup - Dakota Oil Pool	
*Property Code 313467	*Property Name CHACON JICARILLA		*Well Number 602H	
*GRID No. 162928	*Operator Name ENERGEN RESOURCES CORPORATION		*Elevation 7457'	

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	23	23N	3W	300	861'	SOUTH	802'	WEST	SANDOVAL

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	22	23N	3W	300	790'	SOUTH	200'	WEST	SANDOVAL

*Dedicated Acres S/2 - 320.00 Sec 22	*Joint or Infill	*Consolidation Code	*Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature

Date

Nathan Smith

Printed Name

nsmith@energen.com

E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plot was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

AUGUST 30, 2012

Date of Survey

Signature and Seal of Professional Surveyor:



DAVID RUSSELL

Certificate Number

10201

