| Submit 3 Copies To Appropriate District | State of New M | | | Form C-103 |
|---|------------------------------------|------------------------|-----------------------------|----------------------|
| Office District I | Energy, Minerals and Natu | ural Resources | | June 19, 2008 |
| 1625 N. French Dr., Hobbs, NM 87240 | | | WELL API NO. | |
| District II 1301 W. Grand Ave. Antonia NM 88310 OIL CONSERVATION DIVISION | | | 30-039-31309 | |
| District III 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr. | | | 5. Indicate Type of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 | | | STATE | FEE x |
| District IV | | | 6. State Oil & Gas I | ease No |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | o. State On & Gas L | case ivo. |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7 Lease Name or II | nit Agreement Name: |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | Many Canyons 24- | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | Mariy Carryons 24 | 03 8 |
| PROPOSALS.) | | | | |
| 1. Type of Well: | | | 8. Well Number | |
| Oil Well X Gas Well Other | | | #4H | |
| 2. Name of Operator | | | 9. OGRID Number | |
| Energen Resources Corporation | | | 162928 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| 2010 Afton Place, Farmington, NM 87401 | | | West Lindrith Gallup-Dakota | |
| 4. Well Location | | | | |
| Unit LetterP:_ | 1230feet from theSo | uth line and | 716 feet from | the East line |
| | | Thro with | Teet Hom | tireinic |
| Section 8 | Township 24N | Range 03w | NMPM | County Rio Arriba |
| 派员第二次,我们会 | 11. Elevation (Show whether | DR, RKB, RT, GR, et | c.) | |
| | 68 | 78' GL | | |
| 12 Check A | ppropriate Box to Indicate | Nature of Notice | Danart or Other D | oto |
| 12. CHECK A | ppropriate Box to indicate | Nature of Notice, | Report, or Other D | ala |
| | | | | |
| NOTICE OF INTENTION TO: SUBS | | | SEQUENT REPO | ORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | | |
| FERFORM REMEDIAL WORK | PLUG AND ABANDON | REWEDIAL WORK | | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILL | ING OPNS. | P AND A |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT J | ОВ | |
| DOMNIHOLE COMMINCLE | | | | |
| DOWNHOLE COMMINGLE | | | | |
| | | | | |
| OTHER: | | OTHER: Correction | on | x |
| 13. Describe proposed or complete | d operations (Clearly state all no | | | |
| | SEE RULE 1103. For Multiple | | | |
| or recompletion. | SEE ROLE 1103. For Multiple | e Completions. Attaci | i wellbore diagram of | proposed completion |
| or recompletion. | | | | |
| On the subsequent C-103 s | undry (Set 4.50") dated 8/ | 18/15 the following | ng corrections need | d to be made: |
| | | | | |
| Change ID IVD from 63 | | | | |
| Change PBID from 11840' MD to 11837' MD | | | OIL CONS. DIV DIST, 3 | |
| Add PBID IVD - 6359' IVD | | | | |
| | | | SEP 1 | 1 0 2015 |
| | | | | |
| | | | | |
| 07/01/15 | | | | |
| Spud Date: 07/01/15 | Rig Rele | ase Date: | | |
| | | | | |
| I hereby certify that the information | above is true and complete to the | e best of my knowledge | e and belief. | |
| 1.10 | | | | |
| SIGNATURE MM | TIT | LE Regulato: | ry Analyst D | ATE 8/28/15 |
| | | astotts@ener | | |
| Type or print name Anna Stotts | E-n | nail address: | P | HONE <u>324-4154</u> |
| For State Her Only | 7 | | | |
| For State Use Only | n n | FPILTY DIL Q C | AS INCREPTO | D a / / |
| APPROVED BY | TI | TLE | AS INSPECTO | PTE 9/10/15 |
| Conditions of Approval (if any): | P | V UISTRIC | 1 # 3 | |