

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

|                                                                                                                                  |                                                            |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other |                                                            | 5. Lease Serial No.<br><b>NMSF 078125</b>                              |
| 2. Name of Operator<br><b>Energen Resources Corporation</b>                                                                      |                                                            | 6. If Indian, Allottee or Tribe Name                                   |
| 3a. Address<br><b>2198 Bloomfield Highway, Farmington, NM 87401</b>                                                              | 3b. Phone No. (include area code)<br><b>(505) 325-6800</b> | 7. If Unit or CA/Agreement, Name and/or No.                            |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><b>Sec.15, T30N, R10W 1750' ENL, 775' FWL SW/NW</b>    |                                                            | 8. Well Name and No.<br><b>Suray B #215S</b>                           |
|                                                                                                                                  |                                                            | 9. API Well No.<br><b>30-045-33324</b>                                 |
|                                                                                                                                  |                                                            | 10. Field and Pool, or Exploratory Area<br><b>Basin Fruitland Coal</b> |
|                                                                                                                                  |                                                            | 11. County or Parish, State<br><b>San Juan NM</b>                      |

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

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |                                           |                                                    |                                                       |
|-------------------------------------------------------|-----------------------------------------------|-------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off               |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity               |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other <u>spud</u> |
|                                                       | <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            |                                                       |

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 recompleat 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 recompleat 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.)

11/26/05 Spud well @ 7:30 am on 11/26/05. Drill 12-1/4" hole to 344'. Ran 7 jts. 8.625" 24# J-55 casing, set @ 334'. RU Halliburton. Cement with 225 sks Class B, 2% CaCl2, 1/4#/sk flocele (266 cu.ft.). Plug down @ 10:00 pm on 11/26/05. Circulate 15 bbls cement to surface. Cement fell approximately 110'. WOC. Pumped 38 sks Class B, 1/4#/sk flocele, 2% CaCl2 (45 cu.ft.) down back side. Cement in place @ 2:30 am on 11/27/05. Circulate 2 bbls cement to surface. WOC. RD Halliburton. NU BOP. Test BOP to 600 psi - ok.



2005 DEC 6 PM 12 52  
RECEIVED  
070 FARMINGTON NM

|                                                                                                              |                                    |
|--------------------------------------------------------------------------------------------------------------|------------------------------------|
| 14. I hereby certify that the foregoing is true and correct<br>Name (Printed/Typed)<br><b>Vicki Donaghey</b> | Title<br><b>Regulatory Analyst</b> |
| <i>Vicki Donaghey</i>                                                                                        | Date <b>11/30/05</b>               |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

|                                                                                                                                                                                                                                                           |        |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------|
| Approved by                                                                                                                                                                                                                                               | Title  | Date <b>DEC 07 2005</b>                                 |
| 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 | <b>FARMINGTON FIELD OFFICE</b><br>BY <i>[Signature]</i> |

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.

NMOCD