Submit 3 Copies To Appropriate District	State of New M			Form C-103
Office District I	Energy, Minerals and Nati	ural Resources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION		30-045-35642	
1301 W. Grand Ave., Artesia, NM 88210	1220 South St. Fr		5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE 🗷	FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas I	Lease No.
87505				
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)		OR PLUG BACK TO A	7. Lease Name or U Crow Mesa 24-08	nit Agreement Name: 2
1. Type of Well: Oil Well 🗷 Gas Well 🗌 Other			8. Well Number 3H	
2. Name of Operator			9. OGRID Number	
ENERGEN RESOURCES CORPORATION			162928	
3. Address of Operator 2010 Afton Place, Farmington NM 87401			10. Pool name or Wildcat Dufers Point-Gallup Dakota	
4. Well Location	ton NM 8/4UI		Durers Point-Gai	Tup Dakota
A STATE OF THE PROPERTY OF THE	4440		505	
Unit Letter:	1419 feet from the So	uth line and	505 feet from	the East line
Section 2	Township 24N	Range 8W	NMPM	County San Juan
	11. Elevation (Show whether		etc.)	
	73	18' GL		
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other D	ata
NOTICE OF INT	ENTION TO:	SUE	BSEQUENT REP	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB $\square$	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: Correcti	ion	X
<ol> <li>Describe proposed or complete of starting any proposed work) or recompletion.</li> </ol>	d operations. (Clearly state all p . SEE RULE 1103. For Multipl			
On the subsequent C-103 s	sundry (Set 4.5") dated 10,	/23/15 the followi	ng correction need	s to be made:
Change the ID IVD fr	com 6111' to 6113'		OIL	CONS. DIV DIST. 3
				NOV 1 2 2015
Spud Date: 8/13/15	12234 (325)			The state of the s
Spud Date: 8/13/15	Rig Rele	ease Date:	1 4	
I hereby certify that the information	above is true and complete to th	a bast of my knowled	ge and balief	
		e dest of my knowled	ge and bener.	
SIGNATURE MULLIN M	andrews TIT	TLE Production	n Supervisor [	DATE 11/10/15
		tmcandre@en	ergen.com	
Type or print name Theresa McAnc	trews E-r	nail address:		PHONE <u>505-324-4168</u>
For State Use Only	21	EDILTY OLL O	GAC INCOTORS	D
APPROVED BY Drud &			GAS INSPECTO	ATE 11/12/15
Conditions of Approval (if any):		TLE NISTR	D/	AIE III MID
Conditions of Approval (II ally).		$\sim$		