Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

5. Lease Serial No.

c Cont 35

DRY	NOTICES	AND	REPORTS	ON	WELLS	Ji
					18/20 10/6/2	

Do not use this form for		6. If Indian, Allottee or Tribe Name Jicarilla Apache			
abandoned well. Use For	J				
SUBMIT IN TRIPLICATE -	Other instructions on	NOV 2001		7. If Unit or CA/Agreem	ent, Name and/or
1. Type of Well Oil Well X Gas Well Other		ver.		8. Well Name and No.	
2. Name of Operator		<u> </u>		licarilla 35	2
ENERGEN RESOURCES CORPORATION		. 10 10	Su si di da	9. API Well No.	
3a. Address		Phone No. (include are	a code)	30-039-20910	
2198 Bloomfield Highway, Farmington 4. Location of Well (Footage, Sec., T., R., M., or Survey		····		10. Field and Pool, or Ex 1. Lindrith Gallu	
990' FSL, 990' FWL, Sec. 36, T25N,					
				11. County or Parish, Sta	
12. CHECK APPROPRIATE	E BOY(ES) TO INDICA	ATE NATURE OF N		Rio Arriba	<u>NM</u>
12. CHECK APPROPRIATE	BOX(ES) TO INDICA		E OF ACTION	TI, OR OTHER DATE	
TIPE OF SUBMISSION			E OF ACTION		
X Notice of Intent	Acidize	Deepen	Production (S	start/Resume) Wate	er Shut-Off
Subsequent Report	Alter Casing	Well	Integrity		
sassiqasii ropsii	Casing Repair	Othe	r		
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily A		
	Convert to Injection	Plug Back	Water Dispos	al	
following completion of the involved operations. testing has been completed. Final Abandonment determined that the final site is ready for final inspection. It is intended to repair a casing. I. MIRU. TOH w/ Rods and tubing.	Notices shall be filed only af ction.) J leak in this well	der all requirements, incl	uding reclamation,	have been completed, ar	nd the operator ha
TIH and set RBP at 6100'. Isolisolate leak. WOC.	late leak with pack	er. Squeeze ceme	nt w/ suffic	ient amount of ce	ement to
3. TIH with bit and drill out squ	ueeze. Test casing	to 500 psi.TOH.			7.5
4. TIH and retrieve RBP. TOH					
5. Rerun tubing and rods. Return	1 				
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				a de	
14. I hereby certify that the foregoing is true and correct		Title			
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Vicki Donaghey		ion Assistan	+		
Val: Transition		Date 11/6/01	Ton Assistan		
4 His	S SPACE FOR FEDER		ICE USF		
Approved by /s/ Patricia M. F		Title Lands and Mir		Date Date	. 0001
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to	those rights in the subject I	of om	erai riesouro	NOV 1	6 2001
which would entitle the applicant to conduct operations t	nereon.	1			