

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. Jicarilla 152
2. Name of Operator ENERGEN RESOURCES CORPORATION	6. If Indian, Allottee or Tribe Name Jicarilla Apache
3. Address and Telephone No. 2198 Bloomfield Highway, Farmington, NM 87401	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 910' FNL, 1730' FWL, Sec. 7, T26N, R5W N.M.P.M.	8. Well Name and No. Jicarilla 152W 1A
	9. API Well No. 30-039-22273
	10. Field and Pool, or exploratory Area S. Blanco Pictured Cliffs/ Blanco Mesaverde
	11. County or Parish, State Rio Arriba NM

12. CHECK APPROPRIATE BOX(S) 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"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Downhole Commingle</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

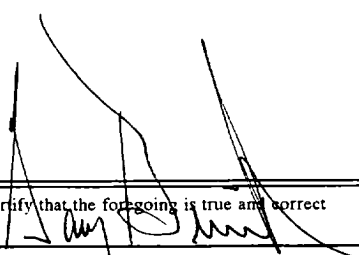
In accordance to NMOCD Case 12346- Order # R 11363, It is intended to downhole commingle the pre-approved pools in this well as follows:

1. MIRU. TOH and lay down PC tubing. Release seal assembly and TOH.
2. TIH with packer and isolate excessive MV water production. Squeeze cement as required.
3. TIH with bit and clean out to PBTB. TOH
4. Land tubing at 5550. Install single wellhead and return to production.

Note: Attached is NMOCD form C-103 with the required Downhole commingling Data

00 OCT -4 AM 11:08
 BUREAU OF LAND MANAGEMENT

14. I hereby certify that the foregoing is true and correct

Signed  Title Production Superintendent Date 9/29/00

(This space for Federal or State office use)

Approved by /s/ Brian W. Davis Title Lands and Mineral Resources Date OCT 27 2000

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, 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.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-039-22273
5. Indicate Type of Lease <u>FEDERAL</u> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Jicarilla 152 W
8. Well No. 1A
9. Pool name or Wildcat So. Blanco PC/ Blanco MV
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6626 GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator ENERGEN RESOURCES CORPORATION
3. Address of Operator 2198 Bloomfield Highway, Farmington, NM 87401
4. Well Location Unit Letter <u>C</u> : <u>910</u> Feet From The <u>North</u> Line and <u>1730</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>26N</u> Range <u>05W</u> NMPM Rio Arriba County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <u>Downhole Commingle</u> <input checked="" type="checkbox"/>	OTHER: _____ <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

In accordance to Case 12346, Order # R-11363, It is intended to downhole Commingle the So. Blanco PC (72439) and Blanco MV (72319).
 PC perforations 3195-3274', MV perforations 4892-5788'
 Current Rates: PC 63 MCFD, MV 40 MCFD & .1 BOPD. Recommended allocation - PC 61% gas, MV 39% gas and 100% oil

All formation fluids are compatible and no loss of production will result by commingling.
 All working interest, overriding and royalty interests are identical in this wellbore.

The BLM has been notified via intent to perform downhole work.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Production Superintendent DATE 9/29/00

TYPE OR PRINT NAME Gary Brink TELEPHONE NO. 505-325-6800

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: