

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 87240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-35586
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit
8. Well Number 20
9. OGRID Number 162928
10. Pool name or Wildcat Lovington, Strawn, West

SUNDRY NOTICES AND REPORTS OF RECEIVED  
 (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.)

FEB - 6 2008

HOBBS OCD

1. Type of Well:  
 Oil Well  Gas Well  Other

2. Name of Operator  
 Energen Resources Corporation

3. Address of Operator  
 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705

4. Well Location  
 Unit Letter EF: 1980 feet from the North line and 1980 feet from the West line  
 Section 34 Township 15-S Range 35-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3964' GL

Pit or Below-grade Tank Application  or Closure

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material: \_\_\_\_\_

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/7-2/1/08  
 RIH w/10 stands of tubing to PBD of 11,785'. Acidized the Strawn perms from 11,582'-11,612' and 11,615' - 11,619' as follows: pumped 5000 gals of 15% HCL acid w/additives and 150 1.3 SG nylon ballsealers evenly divided. Began swabbing. Attempted to isolate casing leak & decided it was packer that was leaking. RIH w/2-3/8" L-80 tubing to tag bottom @ 11,778'. Prep to start the 5-stage PPI acid treatment of the Strawn perms w/1250 gals of Xylene and 5150 gals of 15% HCL w/additives. Resume swabbing. RIH w/171 jts of 2-3/8" L-80 4.7# EUE 8rd tubing and sub-pump. Return well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan

SIGNATURE Carolyn Larson TITLE Regulatory Analyst DATE 2/4/08  
 E-mail address: clarson@energen.com  
 Type or print name Carolyn Larson Telephone No. 915 684-3693

For State Use Only  
 APPROVED BY Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE APR 04 2008  
 Conditions of Approval, if any: