Submit 3 Copies To Appropriate District	State of New Mexico				Form C-1		
Office District I	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.			
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONCEDIVATION DIVISION			30-045-29792			
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION 2040 South Pacheco			5. Indicate Type of Lease			
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE	FEE X		
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	SE 1882			ate Oil & Gas Lo	ease No.	7	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKTO A				7. Lease Name or Unit Agreement Name:			
DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM	(C101) FOR SUCH	~03 - j				
PROPOSALS.) 1. Type of Well:			Culpe	epper Martin			
Oil Well Gas Well X	Other						
2. Name of Operator	·			ell No.			
ENERGEN RESOURCES CORPORATION				9. Pool name or Wildcat			
3. Address of Operator 2198 Bloomfield Highway, Farmington, NM 87401			1	Blanco MV/Basin DK			
4. Well Location							
Unit Letter P:	660 feet from the	South line	and 660	feet from	the East lin	ne	
Section 06	Township 31	N Range 1	L2W NMI	PM	County San Juan		
	10. Elevation (Show whe			1,007.01			
11 Check A	Appropriate Box to Ind		Notice Reno	rt or Other I	Data		
NOTICE OF INTI		icate i vature or	_	UENT REPO			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL			ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE	E DRILLING OF	PNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TE					
OTHER:		OTHER: se	et casing				
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.							
This well was first deliv	ered on 04/24/03						
IIIIS WEIT WAS FITST GETTY	si eu on 04/24/03.						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE VIEW DOWN	ookary	TITLE Producti	<u>on Assistant</u>	D	ATE <u>04/25/03</u>		
Type or print name Vicki Donaghey	, 5 5	· · ·		Telephone	e No. 505-325-680	0	
(This space for State use)	//_	DEPUTY OF B	GAS persona.	. 1984 to answere	APR 8 0 20 03	ł	
APPROVED BY Conditions of approval, if any:		TITLE	TO SHARE WITE TO SE	CIST. 62 DA	TE N V 6000		