Submit 3 Copies To Appropriate District	State of New M			n C-103
Office District I	Energy, Minerals and Nati	ural Resources		e 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II OH CONSERVATION DIVISION			WELL API NO. 30–039–27273	
1301 W Grand Ave, Artesia, NM 88210  1220 Canally St. Francis Dr.			5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505			STATE X FEE	
District IV			6. State Oil & Gas Lease No.	
1220 S. St Francis Dr, Santa Fe, NM 87505			IG 898	
SUNDRY NÓTICES 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.)			7. Lease Name or Unit Agreement Name: State Bancos	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number 100S	
2. Name of Operator			9. OGRID Number	
Energen Resources Corpor	ation			
3. Address of Operator			10. Pool name or Wildcat	
2010 Afton Place, Farming 4. Well Location	gton, NM 87401	·	Basin Fruitland Coal	
Unit Letter :	722 feet from the No	orth line and	1183 feet from the West	line
Section 32	Township 32N	Range 05W	NMPM County Rio	Arriba
	11. Elevation (Show whether			
	67	731' GL	and the second s	toget into it
12 Check	Appropriate Box to Indicate	Nature of Notice	Report or Other Data	
12. Check i	ippropriate Box to marcute	Tratare of Trotice,	report, or other bata	
NOTICE OF INTENTION TO:			DEFOLIENT DEPORT OF	
NOTICE OF INTENTION TO: SUB			BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			ALTERING CA	ASING 🔲
TEMPORARILY ABANDON : CHANGE PLANS COMMENCE DRILL				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	JOB 🔲 4	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: Re-comple	ete -1st delivery	X
		_	ve pertinent dates, including estimated h wellbore diagram of proposed comp	
This well, State Banco	os #100S, was sidetracked.	The well re-delive	ered on 11/21/11.	
			RCVD DEC 7'11	
SICP: 375 psi SITP 0 p	si Initial mcf: 600			
Meter No. 83611			OIL CONS. DIV.	Δ.
			DIST. 3	
0 /10 /00				
Spud Date: 9/18/03	Rig Rele	ease Date:		
		1 4 6 1 1 1	11 1' 6	
I hereby certify that the information	above is true and complete to the	ne best of my knowledg	ge and belief.	
SIGNATURE Anna	TI	TLE Regulato	ory Analyst DATE 12/	/2/11 ``
SIGNATORD— Control	11	astotts@ene		
Type or print name Anna Stotts	E-1	mail address:		24-4154
For State Hee Only	n rop BECORD			
For State Use Only ACCEPTE		· · · ·		
APPROVED BY(if any)	T)	ITLE	DATE	
Conditions of Approval (if any):		A		