Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

| RE | CEI | VE | |
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FORM APPROVED OMB NO. 1004-0137 Expires July 31, 2010

APR 20 2012

5. Lease Serial No.

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SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enteragination Field Office 6. If Indian, Allottee or Tribe Name

| abandoned well. Use Form | 1 3160-3 (APD) for | such proposals | of Land Managen | nen. Jicarilla | . Apache | | |
|---|----------------------|--------------------|------------------|---------------------------|---|--|--|
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | 7. If Unit or C | 7. If Unit or CA/Agreement, Name and/or No. | | |
| 1. Type of Well Oil Well X Gas Well Other 2. Name of Operator | | | | | 8. Well Name and No. Jicarilla 95 3B | | |
| Energen Resources Corporation | | | | 0. 457.11/.11.2 | | | |
| 3a. Address | | 3b. Phone No. (inc | lude area code) | 9 API Well N 30-039-26 | | | |
| 2010 Afton Place, Farmington, NM 8 | 7401 | (505) 325 | 5-6800 | | Pool, or Exploratory Area | | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey D | escription) | | | | ictured Cliffs | | |
| 780' FSL 1770' FWL, Sec. 35, T. 27N, | , R. 3W | | | | | | |
| | | | | 11. County o | r Parish, State | | |
| | | | | Rio Arrib | a NM | | |
| 12. CHECK APPROPRIATE | BOX(ES) TO IND | ICATE NATURI | E OF NOTICE, REP | ORT, OR OTH | ER DATA | | |
| TYPE OF SUBMISSION | | | TYPE OF ACTION | ٧ | | | |
| Notice of Intent | Acidize | Deepen | X Producti | on (Start/Resume) | Water Shut-Off | | |
| | Alter Casing | Fracture Trea | | , | Well Integrity | | |
| X Subsequent Report | | \equiv | | | A · | | |
| | Casing Repair | New Constru | ction Recomp | lete | Other | | |
| Final Abandonment Notice | Change Plans | Plug and Aba | andon Tempor | arıly Abandon | | | |
| _ | Convert to Injection | n Plug Back | Water D | nsposal | | | |
| determined that the final site is ready for final inspection. The Jicarilla 95 #3B PC payadd was SITP: 0 SICP: 995 INITIAL MCF: 2 | * | | | | D APR 26'12 CONS. DIV. | | |
| | | | | | DIST. 3 | | |
| 14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) Anna Stotts Signature | | Date 4/1 | egulatory Analy | rst | ACCEPTED | | |
| THIS | SPACE FOR FED | | E OFFICE USE | · | | | |
| Approved by | | Title | | I | Date APR 2 0 2012 | | |
| Conditions of approval, if any, are attached Approval of this notice the applicant holds legal or equitable title to those rights in the subentitle the applicant to conduct operations thereon | | fy that Office | | | FARMINGTO STELL OFFICE BY | | |