Submit 3 Copies To Appropriate District Office	State of New Me			Form C-103
District I			WELL API NO.	May 27, 2004
1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION			30-045-32891	
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.			5. Indicate Type o	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE 🔀	FEE 🗆
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	5		6. State Oil & Gas	Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPERS OR PLUS BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM G-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name: State 29-10-32	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number 1s	
2. Name of Operator			9. OGRID Number	
Energen Resources Corpora	tion 🖟 Oi	Maryon and	162	
3. Address of Operator	(C.S.	. or J	10. Pool name or	Wildcat
2198 Bloomfield Highway,	Farmington, NM 87401		Basin Fruitland	d Coal
4. Well Location				
Unit Letter F : 1810' feet from the North line and 1330' feet from the West line				
Section 32	Township 29N	Range 10W	NMPM	County San Juan
	11. Elevation (Show whether		c.)	
		36' GL		
Pit or Below-grade Tank Application				
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water				
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. 🔲	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		ADANDONMENT
OTHER:		OTHER: 1st deli	very	\mathbf{x}
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.				
This well was first deliv	merced on 04/25/05.			
		. *		
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				
\\\ -1 \\\ -	MCKOU/ TIT			DATE05/10/05
Type or print name Vicki Donaghe	C E-n	nail address:	vdonaghe@energer Teler	
For State Use Only)	SUPERVISOR	DISTRICT#3	MAY 1 0 2005
APPROVED BY hand	TIT	TLE		DATE
Conditions of Approval, if any:	· · · · · · · · · · · · · · · · · · ·			