Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103
Office District I	Energy, Minerals and Natural Resources			May 27, 2004
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-045-33147	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lea	se
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe NM 87505		state 🗆	FEE 🗷
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		4567 970%	6. State Oil & Gas Leas	se No.
		5 4 7		
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ES AND REPORTS ON WELD SALS TO DRILL OR TO DEEPEN OF SATION FOR PERMIT" (FORM	OR PLUG <b>TACKOTO</b> A 1) FOR SUCHVED OIL COMS DOW	Lease Name or Unit	Agreement Name:
1. Type of Well: Oil Well Gas Well X		DIST. 3	well Number	Ì
2. Name of Operator	Other		9. OGRID Number	
•	· · · · · ·	16.50 kg cg 73 V 18 18	162928	
Energen Resources Corporation			10. Pool name or Wildcat	
3. Address of Operator			Basin Fruitland Coal	
2198 Bloomfield Highway, Farmington, NM 87401 4. Well Location			Basin Fruitiand Coa	11
4. Well Location				
Unit Letter G:	2505 feet from the Nor	th line and	1970 feet from the	e <u>East</u> line
Section 19	Township 29N			ounty San Juan
	11. Elevation (Show whether I		c.)	
		1'GR		
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: Volumebbls; Construction Material				
12. Check A NOTICE OF INTE PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING		SUB	SEQUENT REPOR	
OTHER:		OTHER: set casir	ng	<u> </u>
or recompletion.	SEE RULE 1103. For Multiple	Completions: Attach		posed completion
				~
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 permitor an (attached) alternative OCD-approved plan				
SIGNATURE 118	MAKALL TIT		ry Analyst DA	TE <u>12/05/05</u>
Type or print name Vicki Donaghe	у <i>() ()</i> Е-п	nail address:	Telephon	e No. <b>505-325-6800</b>
For State Use Only /	,			DEC 0 8 2005
APPROVED BY H. Villa	meva TIT	TLE DEPUTY <b>08. 8. GA</b>	IS INSPECTOR, PIST. A	
Conditions of Approval, if any:	111		DAI	Li