Submit 3 Copies To Appropriate District Office	State of New M			Form C-103
District I	Energy, Minerals and Nati	urai Resources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION			30-039-30546	
1301 W Grand Ave, Artesia, NM 88210 District III 1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410 Santa Fe, NM 87505			STATE FEE X	
District IV 1220 S St Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas	Lease No.
SUNDRY NOTICES 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: San Juan 32-5 Unit Com	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number # 1	15
2. Name of Operator			9. OGRID Number	
Energen Resources Corporation			162928 10. Pool name or Wildcat	
3. Address of Operator 2010 Afton Place, Farmington, NM 87401			Basin Fruitland Coal	
4. Well Location				
Unit Letter P:	120 feet from the So	uth line and	50 feet from	n the East line
Section 22	Township 32N	Range 06W	NMPM	County Rio Arriba
	11. Elevation (Show whether			
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other I	Data
NOTICE OF INT	ENTION TO	l cup	OFOLIENT DED	ODT OF
			SEQUENT REP	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL			ING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ов 🗆	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: 1st deliv	very	
 Describe proposed or completed of starting any proposed work). or recompletion. 	d operations. (Clearly state all po SEE RULE 1103. For Multipl			
The San Juan 32-5 Unit Co	m #115 was first delivered	d on 11/18/08.		
			RC	VD NOV 20 'OB
			green error	IL CONS. DIV.
,				DIST. 3
Spud Date:	Rig Rele	ase Date:		
I hereby certify that the information a	above is true and complete to the	e best of my knowledg	e and belief.	
SIGNATURE VOLUM	MW TIT	r <u>LE Regulato</u>	ry Analyst	DATE <u>11/19/08</u>
Type or print name <u>Vicki Donaghe</u>	rgen.com			
	D-10	mail address:		
For State Use Only. APPROVED BY <u>accepted</u>	tor ho car d TI	TLE	Ŋ	ATE
Conditions of Approval (if any):)			