

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir: 56

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

ENERGEN RESOURCES CORPORATION

3. Address and Telephone No.

2198 Bloomfield Highway, Farmington, NM 87401

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

150' FSL, 835' FWL, Sec. 29, T30N, R4W, N.M.P.M.

5. Lease Designation and Serial No.

SF-079488-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Carson 6

9. API Well No.

30-039-26145

10. Field and Pool, or exploratory Area

Blanco MV

11. County or Parish, State

Rio Arriba NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☒ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Due to the Dakota being non-productive, it is intended to change our drilling plan to a Mesaverde only.
Total depth 7000'.

Casing Program:

9 5/8"	36#	200'	125 cu. ft., circ.
7"	20 & 23#	4695'	1056 cu. ft., circ. 2 stage
4 1/2"	10.5#	4545'-7000'	386 cu. ft., circ.

NOTE: Cement slurry recalculated from original operation plan.

14. I hereby certify that the foregoing is true and correct

Signed Monica Taylor

Title Production Assistant

Date 8/26/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

AUG 31 1999