

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

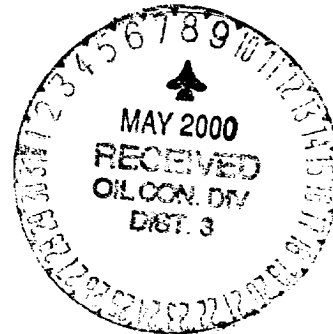
WELL API NO. 30-039-22779
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Chicosa Canyon
8. Well No. 1
9. Pool name or Wildcat Basin Fruitland Coal

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator ENERGEN RESOURCES CORPORATION	
3. Address of Operator 2198 Bloomfield Highway, Farmington, NM 87401	
4. Well Location Unit Letter <u>M</u> : <u>830</u> Feet From The <u>South</u> Line and <u>1100</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>31N</u> Range <u>4W</u> NMPM Rio Arriba County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6874' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Return to Production</u> <input checked="" type="checkbox"/>

12. 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.

This well was returned to production on 5/3/2000.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Monica Papp TITLE Production Assistant DATE 5/4/2000  
TYPE OR PRINT NAME Monica Papp TELEPHONE NO. 324-2128

(This space for State Use)

DEPUTY OIL & GAS INSPECTOR, DIST. 3 MAY - 8 2000

APPROVED BY ORIGINAL SIGNED BY CHARLIE T. PERRIN TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: