Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OF CONCEDIATIO	NI DIVICIONI		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO. 30-045-2	25334
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87	7505	5. Indicate Type of Leas	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Leas	e 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 Fee	
1. Type of Well: OIL GAS WELL WELL X	OTHER			
2. Name of Operator ENERGEN RESOURCES CO	RPORATION		8. Well No. 12A	
3. Address of Operator 2198 Bloomfield Highway; Far			9. Pool name or Wilder Aztec PC/Blanco	
4. Well Location Unit Letter A 1010	Feet From The North	Line and 90	90 Feet From The	East Line
Section 12	Township 30N Rar	12W	NMPM Sar	n Juan <u>County</u>
Section 12	Township Son Rar 10. Elevation (Show whether	r DF, RKB, RT, GR, et		
<u> </u>	//////////////////////////////////////	5850 GL	Deport or Othe	or Data
	opropriate Box to Indicate I	Nature of Notice	, Report, or Other BSEQUENT RE	EPORT OF:
NOTICE OF I	NTENTION TO:	301	53EQUENT NE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALT	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. \square PLU	JG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER: T & A Mesaverde		OTHER:		
Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent deta	ails, and give pertinent d	lates, including estimated	date of starting any proposed
This well has been non follows:	productive since it was comm	mingled. It is in	tended to isolate	the two zones as
 MIRU. TOH. Set CIBP at 3700'. R 	derun tubing set at 2200'. Su			iven
			30 3 O	19an 101
. (Will Clasica	.009
			OLL GOVER	DIV.
I hereby certify that the information above is	s true and complete to the best of my knowledge	ge and belief.		
SIGNATURE 1 2 CM	• •	TLE <u>Production Su</u>		7/29/99
TYPE OR PRINT NAME Gary W. Bri	nk		TEL	LEPHONE NO. 505-325-6800
(This space for State Use)		DEPUTY OIL & GAS IF	NSPECTOR, DIST. 🚜	8-2-
DRIGINAL SIGNE		TLE		DATE