

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.

30-045-24399

Indicate Type of Lease

STATE ☐

FEE ☒

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

Montoya A 34

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

ENERGEN RESOURCES CORPORATION

8. Well No.

1

3. Address of Operator

2198 Bloomfield Highway, Farmington, NM 87401

9. Pool name or Wildcat

Blanco MV/Basin DK

4. Well Location

Unit Letter A : 900 Feet From The North Line and 700 Feet From The East Line

Section 34 Township 32N Range 13W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: Plug and Abandon Dakota ☒

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.

8/7/00 MIRU. ND wellhead, NU BOP. TOH with tubing. TIH with packer and tubing to 4735'.
8/8/00 Set packer at 4900' and tested CIBP at 6680' to 500# - OK. RU Halliburton and CAP CIBP with 8 sx
(9 cu. ft.) TOC at 6580'. TOH with tubing and layed down packer. TIH with 2 3/8" tubing, land at 4725'.
ND BOP. NU wellhead. RDMO.

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 8/9/00

TYPE OR PRINT NAME Monica Papp

TELEPHONE NO. 505-325-6800

(This space for State Use)

ORIGINAL SIGNED BY CHARLIE T. PAPPIN

DEPUTY OIL & GAS INSPECTOR, DIST. 3

AUG 10 2000

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: