Submit 3 Copies To Appropriate District	State of Ne				Form C-1		
Office District I	Energy, Minerals and	Natural Resources			Revised March 25, 19)99	
1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION				WELL API NO. 30-025-20049			
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease			
histrict III 2040 South Pacheco 000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				ATE X	FEE 🗆		
District IV						4	
2040 South Pacheco, Santa Fe, NM 87505			6. State	Oil & Gas Le 23267	ase 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.) 1. Type of Well: Oil Well Gas Well Other WIW				7. Lease Name or Unit Agreement Name: Langlie Lynn Queen Unit			
2. Name of Operator				8. Well No.			
Energen Resources Corporation	า		0. Wen i	.10.			
3. Address of Operator				9. Pool name or Wildcat			
3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705				Langlie Mattix 7 RVRS/Queen/GB			
4. Well Location					•		
Unit Letter P :	660 feet from the	South line ar	nd330	_ feet from th	ne <u>East</u> lir	1e	
Section 22	Township 23	S Range 36	E NMPM	(County Lea		
	10. Elevation (Show wh						
11 Check	Appropriate Box to Ind		otice Report	or Other Da	ata	(ligabil)	
NOTICE OF INT			SUBSEQUE				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ REMEDIAL W			ALTERING CASING		
FERFORM REMEDIAL WORK	PEUG AND ABANDON	LJ KEIVIEDIAL W	OKK	<u> </u>	ALIERING CASING	Ш	
TEMPORARILY ABANDON	CHANGE PLANS		DRILLING OPNS	. 🗀 🧏	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST					
OTHER: Convert to WIW		OTHER:					
 Describe Proposed or Complet of starting any proposed work). or recompilation. 							
MIRU WSU, pull all p 30 minutes. POH & re-per perform casing integrity Report originally filed	test and begin water i	n, acidize w/3000 injection.	gals. Run in	jection pac			
I hereby certify that the information above SIGNATURE	e is true and complete to the b	est of my knowledge an		DA	TE 3/24/04	-	
Type or print name Carolyn Larson	r n			Telephone	No. (432)684-3693	3	
(This space for State use)				F	(7327004-309	<u> </u>	
APPROVED BY Law U Conditions of approval, if any	Wink	OF FELD REPRESE	ntative II/STA	FF MANAG DAT	er E MAR 3 0	-2 004	
<i>J</i>							