

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

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.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | |
|--|---|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. MM91055X 891012397C |
| 2. Name of Operator Energen Resources Corporation | 6. If Indian, Allottee or Tribe Name N/A |
| 3. Address and Telephone No. 3300 N. A St., Bldg. 4, Ste. 100, Midland, TX 79705 432/684-3693 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 330' FEL, Section 22, T-23S, R-36E, NMPM | 8. Well Name and No. Langlie |
| | 9. API Well No. 30-025-20049 |
| | 10. Field and Pool, or Exploratory Area 37240 |
| | 11. County or Parish, State Lea County, New Mexico |

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

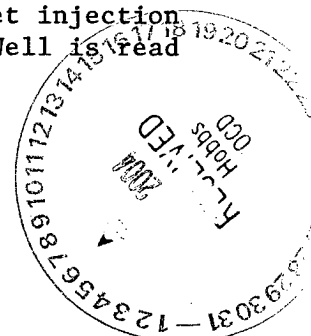
| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input checked="" type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> 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.)*

Work performed from 4/12-20/2000

POOH w/production equipment. RIH & set Lok-Set RBP @ 3500'. POOH. RIH & set Arrow "32-A" packer at 3494' & tested RBP to 850# for 15 mins w/no leak-off. Isolated leak between 675' & 738'. RU & spotted 2 bbls. 15% HCL acid. Loaded casing & pressure to 125# @ 1/4 BOM on acid increased to 450# @ w/4 BPM w/acid away. RIH to 769', spotted 30sx Class C cement. Drilled cement, circulated hole clean, pressure tested casing to 525# for 15 mins w/no leak-off. Pulled RBP. RIH w/ IPC Lok-Set injection packer & set @3491'. Pressured csg. to 500# w/no leak-off in 15 mins. Well is read for water injection. SI awaiting approval of injection permit.



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

Signed Carolyn J. Jasso Title Regulatory Analyst Date 3/25/04

(This space for Federal or State office use)

Approved by DAVID E. GLASS Title _____ Date _____

Conditions of approval, if any: 31 2004

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