

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-34919
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 23267
7. Lease Name or Unit Agreement Name: Langlie Lynn Queen Unit
8. Well No. 23
9. Pool name or Wildcat Langlie Mattix 7 RVS/ Queen/ GB

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator Energen Resources Corporation
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705	4. Well Location Unit Letter <u>J</u> : <u>1863</u> feet from the <u>South</u> line and <u>1950</u> feet from the <u>East</u> line Section <u>22</u> Township <u>23S</u> Range <u>36E</u> NMPM County <u>Lea</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3387' GL	

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

NOTICE OF INTENTION TO:

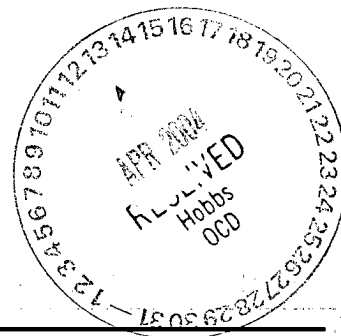
- PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: Convert to producing ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. MIRU WSU. NU BOP. Release injection packer and pull & LD injection tubing.
2. TIH w/tubing bit and scraper to PBD. Circulate hole clean.
3. TIH w/BPMA, perf'd sub, API SN and production tubing. Set TAC, ND BOP, NU wellhead.
4. Run pump and rods. SO-HO.
5. Install pumping equipment and place well on test.



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

SIGNATURE Carolyn Larson TITLE Regulatory Analyst DATE 04/09/04

Type or print name Carolyn Larson Telephone No. 432-684-3693

(This space for State use)

APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER DATE APR 15 2004
Conditions of approval, if any