

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

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Energen Resources Corporation

3. Address and Telephone No.

3300 N. "A" St., Bldg. 4, Ste. 100 Midland, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1863' FSL & 1950' FEL, Section 22, T-23-R-36-E, NMPM

5. Lease Designation and Serial No.

LC-030139B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910123970

8. Well Name and No. Langlie

Lynn Queen Unit #23

9. API Well No.

30-025-34919

10. Field and Pool, or Exploratory Area

Langlie Mattix 7RVS/Q/GB

11. County or Parish, State

Lea County, NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

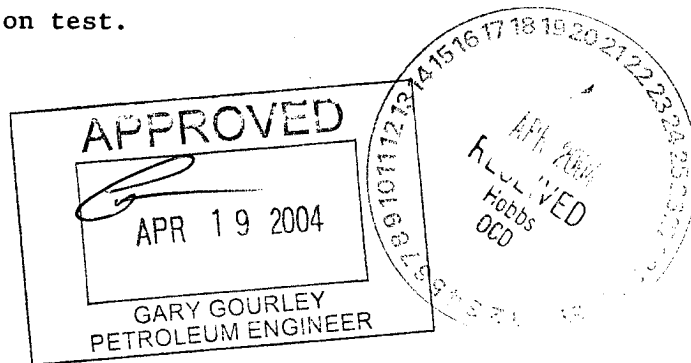
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Convert to producing
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

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.



APPROVED FOR 3 MONTH PERIOD
ENDING 7-19-04

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

Signed

Carolyn Lawson

Title

Regulatory Analyst

Date

4-9-04

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

GW