

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

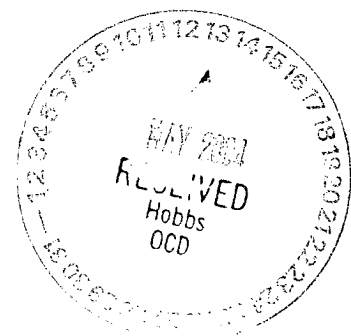
WELL API NO. 30-025-36083
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 30950
7. Lease Name or Unit Agreement Name:  Amerada State
8. Well No. 1
9. Pool name or Wildcat Saunders, San Andres

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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>M</u> : <u>990</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>West</u> line Section <u>4</u> Township <u>15-S</u> Range <u>33-E</u> NMPM County <u>Lea</u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4212' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Status <input checked="" type="checkbox"/>

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.

Filed to correct status of well from TA to Shut-in.



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 5/12/04

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

(This space for State use)

APPROVED BY Hayward Wink OIL FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 17 2004  
Conditions of approval, if any