Submit 3 Copies To Appropriate District	State of New Mexico	· · · · · ·	Form C-103
Office Energy, Minerals and Natural Resources District II 1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION District III 2040 South Pacheco		VISION	30-025-32291
		5. Indicat	5. Indicate Type of Lease STATE FEE X
000 Rio Brazos Rd., Aztec, NM 87410 District IV District IV District South Backage, South Fe, NM 87505			ATE FEE X Dil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505		27820	``````````````````````````````````````
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 X Gas Well Other			Name or Unit Agreement Name: ington Strawn Unit
2. Name of Operator		8. Well N	ю.
Energen Resources Corporation 3. Address of Operator			8 ame or Wildcat
3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705			n. Strawn. West
4. Well Location Unit Letter <u>L</u> : 1980 Section 34 10.	feet from the South Township 15S Rang Elevation (Show whether DR, J 3970' G	e 35E NMPM RKB, RT, GR, etc.)	_ feet from the line County Lea
11. Check Appro	opriate Box to Indicate ₁ Nat		or Other Data
NOTICE OF INTENT		· • ·	NT REPORT OF:
	ANGE PLANS 🔲 COI	MMENCE DRILLING OPNS.	
		BING TEST AND (MENT-JOB	
OTHER:	П отн	IER:	
12. Describe Proposed or Completed Ope of starting any proposed work). SEE or recompilation.			
5/11/04 - 5/14/04: MIRU, unse and circulated 10 bbls of visc tubing w/57 bbls 2% KCL, close up.14 hr SITP was 70#, 40# on ND BOP and set TAC in 14K# ter production.	cous BS to the tank. Spot d the casing, PSI to 745# the casing. POOH and lai	ted 500 gals of 15% MIR on tubing, 640# on the d down 90 jts of 2-7/8"	mud acid 2 blls out the csg, formation opened N-80 6.5# EUE_8rd tubing.
			Hobbs
I hereby certify that the information above is true	e and complete to the best of my kr	owledge and belief.	
SIGNATURE (MOLy)	area TITLE Re	gulatory Analyst	DATE6/1/04
Type or print name Carolyn Larson			Telephone No. 432-684-3693
(This space for State use) APPROVED BY Harry W. W Conditions of approval, if any	ink TITLE	FIELD REPRESENTATIVE I	