

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
March 4, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-22773
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 24695
7. Lease Name or Unit Agreement Name: Stuart Langlie Mattix Unit
8. Well Number 128
9. OGRID Number
10. Pool name or Wildcat Langlie Mattix 7 RVRS Queen

**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 type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>	11. Elevation (Show whether DR, RKB, RT, GR, etc.)
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>I</u> : <u>1420</u> feet from the <u>South</u> line and <u>100</u> feet from the <u>East</u> line Section <u>10</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>Lea</u>	

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit location: UL \_\_\_\_\_ Sect \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_ Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_  
Distance from nearest surface water \_\_\_\_\_ Below-grade Tank Location UL \_\_\_\_\_ Sect \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_  
\_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line

12. 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: ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

13. 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 recompletion.

6/18/03 - Failed MIT. MIRU PU, ND the wellhead, NU a BOP. Unset packer and POOH w/103 jts of 2-3/8" tubing and pkr. RIH w/5-1/2" PSTH retrievable bridge plug, a 2-3/8" API SN and 103 jts of IPC tbg to 3221'. Set RBP, pulled 1 jt, L&P the csg w/25BFW, csg leaked. Retrieved RBP, POOH w/tbg and RBP. RIH w/a 5-1/2" Baker type CIBP, setting tool and 103 jts of 2-3/8" IPC tbg. Set CIBP @ 3221' and POOH. LD the 2-3/8" tubing string. SI the well.

6/19/03 - Opened the well, ND the BOP, NU the tubing head and packed off with a 2-3/8"X4' sub. RDPU. Well is TA'd.

\* SPOKE TO CAROLYN 10:50AM 8/16/04 SHE WILL CALL 24HRS BEFORE/PT

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been will be constructed or closed according to NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Carolyn Larson TITLE Regulatory Analyst DATE 8/12/2004

Type or print name Carolyn Larson E-mail address: \_\_\_\_\_ Telephone No. 432/684-3693

(This space for State use)

APPROVED BY Gary W. Wink TITLE \_\_\_\_\_ DATE AUG 16 2004

Conditions of approval, if any: