

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. 30-025-34684
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 27820
7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit
8. Well Number 14
9. OGRID Number
10. Pool name or Wildcat Lovington, Strawn, West

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
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>E</u> : <u>1830</u> feet from the <u>North</u> line and <u>610</u> feet from the <u>West</u> line Section <u>33</u> Township <u>15-S</u> Range <u>35-E</u> NMPM Lea County New Mexico
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3989' GR

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: Lower pump depth ☒

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.

7/21/04 - MIRU a PU, RU on casing, pmpd 70 BPW down csg, bled down tubing and unseated the pump. POOH w/rods & pump. ND wellhead. RIH w/39jts of 2-7/8" tubing and reset the packer in 17K# tension, ND BOP, and NU wellhead. EOT is the packer @ 10,053', gas separator @ 9994'.

7/22/04 RIH w/dressed 25-175-RHBM-30-5-SV, 287" stroke, .010" fit, pump #QH-302, 3/4 X 7/8" SH 26K shear tool, 8 1-3/4" grade "C" sinker bars, 141 7/8" Norris grade 97 HS rods, 164 1.25" X 37.5' Fibercom fiberglass rods, 1 1.25"X9', 1 1.25"X6' pony rods and 1 1/2"X 30' polish rod. The EOP is @ 9952'. RDP, RWTP @ 9.7-120" SPM. Final report

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 NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Carolyn Larson TITLE Regulatory Analyst DATE 8-12-04

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

(This space for State use)

APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 16 2004
Conditions of approval, if any: