

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
May 27, 2004

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

WELL API NO. 30-025-32291
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit
2. Name of Operator Energen Resources Corporation	8. Well Number 8
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705	9. OGRID Number 162928
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>34</u> Township <u>15S</u> Range <u>35E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Lovington, Strawn, West
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3970' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: Add perms <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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.

(1) MIRU pulling unit (2) Release pmp and POOH w/rods & pmp. Remove wellhead, install BOPE. (3) Release TAC and POOH w/tubing. (4) RU wireline. RIH w/3-1/8" TAG gun w/6 SPF 60 degree phased Owen 4000-311T charges w/Stim-Gun sleeve. Perforate Strawn from 11570-11582', 11545-11556' and 11534-11545'. Stim-gun sleeve located from 11573-11579', 11547.5-11553.5' and 11536.5'-11542.5'. POOH. Total shots 204. (5) RIH w/packer and tubing. Set pkr at 11,500' (6) RU swab and swab test well. POOH (7) RIH w/production string. (8) Remove BOPE. Install wellhead. RIH w/rods and pmp (9) RDMO pulling unit.

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 11/30/04

Type or print name Carolyn Larson

E-mail address:

PETROLEUM ENGINEER Telephone No. 432-684-3693

For State Use Only

APPROVED BY [Signature] TITLE _____ DATE DEC 13 2004

Conditions of Approval, if any: