

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

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

Form C-103  
May 27, 2004

WELL API NO. 30-025-32526
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 10
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>G</u> : <u>2310'</u> feet from the <u>North</u> line and <u>1980'</u> feet from the <u>East</u> line Section <u>33</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.) 3979'	
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	
<b>NOTICE OF INTENTION TO:</b> 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: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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: SI well <input checked="" 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.

1/17/05 - Well has developed a casing leak. MIRU PU, unseat pump and POOH laying down rod string. Will POOH with tubing and run RBP next day.  
1/19/05 - RIH w/28 jts of 2-7/8" N-80 6.5# EUE 8rd tubing to 11,379', set RBP, pulled 1 joint, spotted 3 sacks sand with 25 BPW. POOH, laid down 320 jts when rig broke. SI well.  
1/20/05 - Rig repaired, resumed POOH w/remaining 38 jts of tubing. ND BOP, NU the wellhead. Capped the tubing flange w/a bull plug. RDMO. Well is SI.

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 2-4-05

Type or print name Carolyn Larson

E-mail address:

Telephone No. 432 684-3693

For State Use Only

APPROVED BY Hayward Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE FEB 09 2005

Conditions of Approval, if any: