

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

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"/>	WELL API NO. 30-025-32526
2. Name of Operator Energen Resources Corporation	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705	6. State Oil & Gas Lease No. 27820
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>	7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit
	8. Well Number 10
	9. OGRID Number 162928
	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	
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: Repair casing leak <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.

Begin 2/3/05 - Temporarily plug back above existing perforations.
Determine depth of casing leak.
Perforate casing at approximately 8200' and at 5700'.
Cement casing with approximately 1300 sx Class H cement.
Squeeze casing leak w/approx. 600 sx Class C cement. Drill out cement and retainers.
Test casing to 500 psig. Run production equipment; chemically treat perms for emulsion due to fluids from csg leak contaminating existing perms. If necessary, acidize Strawn perforations w/5000 gals 15% hydrochloric acid w/nitrogen assist and place well on production.

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: _____
For State Use Only Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER Telephone 505-432-6843
APPROVED BY Larry W. Wink TITLE _____ DATE FEB 09 2005
Conditions of Approval, if any: _____