

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. 30-025-36859
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 34275
7. Lease Name or Unit Agreement Name: Saunders Deep State
8. Well Number 1
9. OGRID Number 162928
10. Pool name or Wildcat Wildcat

Pit or Below-grade Tank Application ☐ or Closure ☐

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 _____

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: Saunders Deep State
2. Name of Operator Energen Resources Corporation	8. Well Number 1
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>A/Lot 1</u> : <u>420</u> feet from the <u>North</u> line and <u>940</u> feet from the <u>East</u> line Section <u>3</u> Township <u>15-S</u> Range <u>33-E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4192'	

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: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" 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. Spud 17-1/2" hole @ 11:45 p.m. on 2/27/05
2. Reached TD of 413' in surface casing @ 9:30 a.m. 2/28/05
3. Ran a total of 9 jts 13-3/8" H-40 48# ST&C R-3 casing totaling 417' set @ 413'. Cemented w/800 sacks of Class "C" cement. Total slurry was 1088 cu. ft.
4. Circulated 239 sacks to reserve. WOC 9 hrs., cut-off csg 37" BGL. welded on 13-3/8"X13-5/8" 3M# SOW head and test to 600#. NJU BOP.
Drilling ahead.
5. TD'd the 12-1/4" hole @ 5870' @ 9:30 a.m. 3/19/05. Run 9-5/8" casing.

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 3-28-05
E-mail address: clarson@energen.com
Type or print name Carolyn Larson Telephone No. 432/684-3693

For State Use Only
APPROVED BY Hay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 30 2005
Conditions of Approval, if any: