Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
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

HOBBS OCD
NOV 09 2012
RECEIVED

Form C-103
May 27, 2004

WELL API NO.
30- 025- 09379

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
LANGILE LYNN QUEEN UNIT

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

8. Well Number 2

2. Name of Operator
ENERGEN RESOURCES CORPORATION

9. OGRID Number ~~252002~~ 162928

3. Address of Operator
3300 N 'A' St. Bldg. 4, Ste. 100 MIDLAND, TX 79705

10. Pool name or Wildcat
Langlie Mattix 7 Rivers/ Queen/ GB

4. Well Location
Unit Letter I : 1980 feet from the SOUTH line and 660 feet from the EAST line
Section 22 Township 23 S Range 36 E NMPM County LEA

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

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 _____

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Specifically for Subsequent Report of Well Plugging) which may be found at OCD web page under forms. www emnrd state nm us/ocd

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐		REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	P AND A ☒
PULL OR ALTER CASING ☐		CASING/CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

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.

07-05-2012 – COMPLETE MIRU. NDWH & NU BOP, RIH WITH TBG, TAG CIBP @ 3490' CIRC 608 MLF & CAP CIBP W/ 25 SX, WOC & TAG TOC @ 3261' PERF @ 2700'.

07-06-2012 – TEST PERFS TO 850Psi. NO INJ RATE, NOTIFY O.C.D MAXIE BROWN, RIH MIX & SPOT 25 SX C CMT, DISPLACE & PUH 30 JTS, WOC OVER WEEKEND.

07-09-2012 – RIH W/ TBG, TAG TOC @ 2564', POOH W/ TBG. PERF @ 1150', TEST PERFS TO 1,000Psi NO RATE, NOTIFY OCD MAXIE B. RIH W/ TBG 38 JTS, SPOT 25sx C CMT, 2 ½ 1% CaChl, WOC PER OCD - WOC 4hrs, TAG TOC @ 1005'. PERF @ 380', TEST PERFS 800Psi, NO INJ RATE, NOTIFY OCD MAXIE B. RIH W/ 15 JTS = 471'. SPOT 25sx C CMT POOH W/ TBG, WOC OVERNIGHT.

07-10-2012 – TAG TOC @ 87', RIG UP & PERF @ 60'. TEST PERFS, NO INJ RATE @ 600Psi. SPOT CMT 60' TO SURFACE, CUT OFF W .H. 3' BELOW G.L. FIND CMT IN 8 5/8 – 5 ½ ANNULUS, RIG DOWN & REMOVE 4 ANHORS.

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 _____ TITLE General Manager DATE _____

Type or print name _____ E-mail address: Regulatory Analyst Telephone No. 11/7/12

For State Use Only

APPROVED BY: _____ TITLE Dist. Mgr DATE 11-13-2012

Conditions of Approval (if any):

NOV 14 2012