

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.)		WELL API NO. 30-025-36625 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water supply <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Energen Resources Corporation		6. State Oil & Gas Lease No. 23267
3. Address of Operator 3300 N. A Street, Bldg. 4, Ste. 100 Midland, TX 79705		7. Lease Name or Unit Agreement Name: Langlie Lynn Queen Unit ✓
4. Well Location Unit Letter <u>P</u> : <u>569</u> feet from the <u>South</u> line and <u>245</u> feet from the <u>East</u> line Section <u>22</u> Township <u>23S</u> Range <u>36E</u> NMPM Lea County		8. Well Number 1 WSP ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3370' GR		9. OGRID Number 162928
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 _____		10. Pool name or Wildcat WSP, Santa Rosa (96747)

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Pump replacement & status change <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.

1/26/05 - Remove rented test pump and install new 15HP. MIRU PU, ND wellhead and POOH w/30 jts of 2-3/8" tubing and rented Berkley-Franklin pump. RIH w/new 15HP, 50 GPM, 6" OD, stainless steel, Berkley 6TS-15-75 sub pump and 30 jts of tubing. The 4.5' KB corrected EOP is 925', pump suction is @ 922'. NU wellhead and started pump. Well pumped up in 5 mins RWTP @ 1300 B/D rate. Well status is ACTIVE.

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 7/7/05

Type or print name Carolyn Larson

E-mail address:

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Telephone No. 432/684-3693

For State Use Only

APPROVED BY Larry W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

Conditions of Approval, if any:

JUL 11 2005