

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. 30-025-20521 09388
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <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" St., Bldg 4, Ste. 100, Midland, TX 79705		7. Lease Name or Unit Agreement Name: Langlie Lynn Queen Unit
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>23</u> Township <u>23S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number 3
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		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 Langlie-Mattix 7 RVRs/Queen/GB

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 type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Convert to injection <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.

Note: Well was TA'd from injection in 08/91.

02/16-18/00: MIRUPU, tested 4 1/2" csg to 565# for 45 mins, held good. Retrieved RBP @ 3467'.

Peforated 7 RVRs/Queen @ 3490'-3536', (total of 184 holes). Acidized w/ 3000 gals 15% HCL.

02/19/00: Found new PBTD to be @ 3757'.

02/22/00: RIH w/ 2 3/8" tbg & 2 3/8" x 4 1/2" "Lok-Set" injection pkr. Pkr set @ 3458'. Pressure tested casing to 550# for 30 mins. no leak-off. RDPU.

Injection approval granted 8/9/04 by Order No. R-4417-B.

Well began injection January 2, 2005

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 9/14/05

Type or print name Carolyn Larson

E-mail address: clarson@energen.com

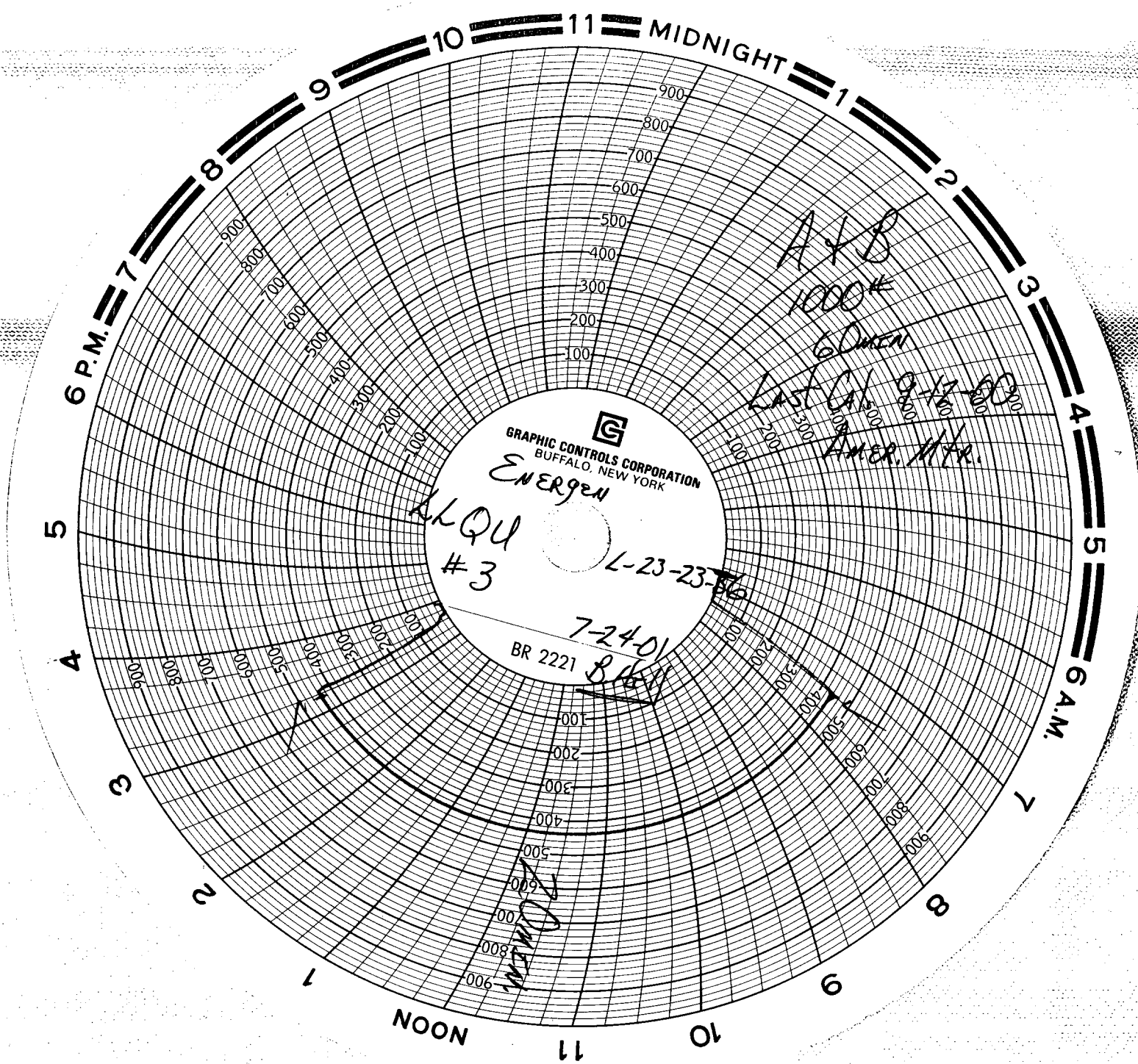
OG FIELD REPRESENTATIVE II/STAFF MANAGER

Telephone No. (432) 684-3693

For State Use Only

APPROVED BY Larry W. Wink TITLE _____ DATE SEP 21 2005

Conditions of Approval, if any _____



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

ENERGEN

LLOU
#3

L-23-23-76

7-24-01

BR 2221

B. 16-01

A+B
1000*
6 Dmen
Last Gk. 9-17-00
Amer. Mtr.

