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Submit 3 Copies To Appropriate OCD State of New Me			Form C-103	
Office District I 1625 N. French Dr., Hobbs, NM 88210 District II District III District II District			June 19, 2008	
		WELL API NO. 30-041-20506		
		5. Indicate Type of		
		STATE	/ /	
1000 Rio Brazos Rd., Aztec, NM:8744900 Santa Fe, NM 87505		6. State Oil & Gas		
1220 S. St. Francis Dr., Santa Fc, NM 87505		$0.5 \text{ state Of } \alpha \text{ Oas}$	Lease no.	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or	Unit Agreement Name:	
(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		Lambirth "A	-	
PROPOSALS.)			-	
1. Type of Well:		8. Well Number		
Oil Well 🕱 Gas Well 🗌 Other		0.000000	4	
2. Name of Operator Energen Resources Corporation		9. OGRID Number		
3. Address of Operator		162928		
3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705		Peterson, Fusselman, South		
4. Well Location		·		
Unit LetterA feet from the Nor	th line and	560 feet fro	m the East line	
	Range 33-E	NMPM	County Roosevelt	
11. Elevation (Show whether I	DR, RKB, RT, GR, en 7' Ger	c.)		
12. Check Appropriate Box to Indicate N	Nature of Notice, I	Report, or Other	Data	
NOTICE OF INTENTION TO: SUB		SEQUENT RE	PORT OF:	
	REMEDIAL WORK		ALTERING CASING	
	COMMENCE DRILLI	NG OPNS. 🔲	P AND A	
DOWNHOLE COMMINGLE (MONTHS) EXTENSION				
OTHER: Rum MIT for TA extension			<b>r</b>	
	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.				
Requesting to run MIT to extend TA status until can	get plugged. PA i	ntent was filed	and approved.	
	3 g			
[]	<b></b>			
Spud Date: Rig Releas	se Date:			
Spud Date: Rig Releas		and belief.		
I hereby certify that the information above is true and complete to the the	best of my knowledge		DATE 2/05/2014	
	best of my knowledge	y Analyst	DATE 2/05/2014	
I hereby certify that the information above is true and complete to the I SIGNATURE Brenda Wallyca TITL	best of my knowledge	y Analyst	DATE <u>2/05/2014</u> PHONE <u>432-688-3323</u>	
I hereby certify that the information above is true and complete to the I SIGNATURE <u>Menda</u> <u>Mailuges</u> TITL Type or print name <u>Brenda F. Rathjen</u> E-ma	best of my knowledge <u>F</u> <u>Regulator</u> brenda.rathjen@e	y Analyst		
I hereby certify that the information above is true and complete to the I SIGNATURE Brenda Markyten TITL Type or print name Brenda F. Rathjen E-ma For State Use Only Mary Hard Comp	best of my knowledge <u>F</u> <u>Regulator</u> brenda.rathjen@e	y Analyst		
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24 HOURS prior to running the TA Pressure Test.

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FEB	18	2014
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