Submit 3 Copies To Appropriate District Office	State of New Mo Energy, Minerals and Natu	_		Form C-103
District 1	Energy, witherars and Natu	irai Kesources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240			1	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-3784	
District III	1220 South St. Francis Dr.		5. Indicate Type of Leas	<u> </u>
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			FEE x
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease	₹ No.
SUNDRY NOTION	CES AND REPORTS ON WEI	LLS	7. Lease Name or Unit A	Agreement Name
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	OCAL S TO DOLL OD TO DEEDEN A	OD DI LIC BACK TO A	West Lovington Straw	_
1. Type of Well:	0.1	- 0 2011	8. Well Number	
Oil Well X Gas Well	Other	OCT 2 0 2014	23	
2. Name of Operator	.t.i.am		9. OGRID Number	
Energen Resources Corpora 3. Address of Operator		RECEIVED	162928 10. Pool name or Wilder	ot.
•	Ste. 100 Midland, TX 7970	5	Lovington; Strawn, V	
4. Well Location	ce. 100 Midian, 1x /9/0	5	LOVINGTON; Strawn, V	vest
_		_		
Unit Letter O:	feet from the Son	uth line and	2310 feet from the	<u>East</u> line
Section 34		Range 35E		unty Lea
	11. Elevation (Show whether	DR, RKB, RT, GR, e	tc.)	
	399	90'GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
	-PPP	,	report, or o mer but	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
			SEQUENT REPUR	TOF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK		TERING CASING 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P A	AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	IOB 🗆	
	MOETH EE COMITE	O'NON'O' DEMENT		
DOWNHOLE COMMINGLE				
OTHER:		OTHER: Temp Aba	ndon	X
	ad approxima (Clearly state all re	·		
13. Describe proposed or complete of starting any proposed work) or recompletion.	bu operations. (Clearly state an people of SEE RULE 1103. For Multiple			
10/14/14 RTH. Set CTBP	@ 11,423. Ran pressure te	est and passed. W	ell Temporarily Abando	med.
Chart attached.				
Chart attached.				
Thank you.				
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information	above is true and complete to the	e best of my knowledg	ge and belief.	
SIGNATURE Brenda H	Continue of the same	y v	nes Seelesek D. C.	T 10/16/2014
SIGNATURE 17 CONSCIE)1	tatige TIT		ory Analyst DAT	E 10/16/2014
Type or print name <u>Brenda F. Rathjen</u> E-mail address: PHONE <u>432-688-3323</u>				
For State Use Only	1000			
APPROVED BY	TI'	TLE	DATE	
Conditions of Approval (if any):	1 /		~ :	
			0CT 2	7 2014

