Submit 3 Copies To Appropriate District	State of New N			Form C-103
Office District I	Energy, Minerals and Nat	tural Resources	WELL ADING	May 27, 2004
625 N. French Dr., Hobbs, NM 87240		WELL API NO. 30 · 025 · 35922		
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type o	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM		STATE X	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa PC, 141vi	67303	6. State Oil & Gas	
			29529	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			State 1	
1. Type of Well: Oil Well X Gas Well Other			8. Well Number	1
2. Name of Operator			9. OGRID Number	
Energen Resources Corporation			162928	
3. Address of Operator			10. Pool name or Wildcat	
3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705 4. Well Location			Saunders, San A	Indres
Unit Letter H:	2970 feet from the S	outh line and	660 feet fro	m the East line
Section 5	Township 15-S	Range 33-E	NMPM	County Lea
	11. Elevation (Show whether			
Pit or Below-grade Tank Application			33.000(00000000000000000000000000000000	
Pit type Depth to Groundwater _	Distance from nearest fr	esh water well Di	stance from nearest surf	ace water
Pit Liner Thickness: mil	Below-Grade Tank: Volum	nebbls; Constructi	on Material	
NOTICE OF INTE PERFORM REMEDIAL WORK TEMPORARILY ABANDON	ppropriate Box to Indica ENTION TO: PLUG AND ABANDON CHANGE PLANS		SEQUENT REI	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND	_	ABANDONMENT
OTHER:		OTHER:		
13. Describe proposed or completed of starting any proposed work). or recompletion.	operations. (Clearly state all p SEE RULE 1103. For Multip	pertinent details, and given ple Completions: Attack	re pertinent dates, inc h wellbore diagram o	luding estimated date f proposed completion 789
MIRU Wireline Set CIBP @ 4750', above p Pressure test casing. RDWL	erfs @ 4780-4804'.			Ponjest Salton
				22 23 24 28
I hereby certify that the information ab	pove is true and complete to the	ne best of my knowledg	e and belief. I further	certify that any pit or below-
I hereby certify that the information abgrade tank has been will be constructed or cl	losed according to NMOCD guideli	ines , a general permit ITLE Regulato	or an (attached) alto	Pernative OCD-approved plan DATE
grade tank has been/will be constructed or cl	losed according to NMOCD guideli	ines , a general permit ITLE Regulato	or an (attached) alto	ernative OCD-approved plan DATE
grade tank has been/kill be constructed or cl SIGNATURE Type or print name Carolyn Larson For State Use Only	losed according to NMOCD guideli	ines , a general permit ITLE Regulato	or an (attached) alto	Pernative OCD-approved plan DATE
grade tank has been/kill be constructed or cl SIGNATURE Type or print name Carolyn Larson For State Use Only	losed according to NMOCD guideli	ines , a general permit ITLE Regulato	or an (attached) alto ry Analyst clarson@energen Teleg ATIVE II/STAFF MA	Ernative OCD-approved plan