

State of New Mexico  
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.

30-025-08508

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

27821

7. Lease Name or Unit Agreement Name:

State B

8. Well Number

2

9. OGRID Number

162928

10. Pool name or Wildcat

Townsend; Permo Upper Penn

## 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.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Energen Resources Corporation

3. Address of Operator

3300 North A St., Bldg. 4, Ste. 100, Midland, TX 79705

4. Well Location

Unit Letter 0 : 3690 feet from the South line and 2200 feet from the East lineSection 1 Township 16S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3974'

Pit or Below-grade Tank Application ☐ or Closure ☐

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 \_\_\_\_\_

## 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☒ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐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.

1. MIRU pulling unit.

2. RU wireline co. RIH w/CIBP and set at 10,500'. POOH.

3. RIH w/tubing and tag CIBP. Circulate hole w/treated 2% KCl water. Pressure test casing to 500 psig. POOH and lay down tubing.

4. Load casing w/treated 2% KCl water.

5. Notify NMOCD and perform MIT to 500 psig.

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 11-0-05

E-mail address:

clarson@energen.com

Type or print name Carolyn Larson

Telephone No. 432/684-3693

For State Use Only

APPROVED BY Larry W. Wink

Conditions of Approval, if any:

TITLE REPRESENTATIVE II/STAFF MANAGER  
OC FIELD

NOV 17 2005