

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

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-11526
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Stuart Langlie Mattix Unit
8. Well Number 111
9. OGRID Number 162928
10. Pool name or Wildcat Langlie Mattix 7 RVRS Queen Grayburg

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water injection	11. Elevation (Show whether DR, RKB, RT, GR, etc.) DF: 3132'
2. Name of Operator Energen Resources Corporation	
3. Address of Operator 3300 N. 'A', Bldg. 4, Ste. 100	
4. Well Location Unit Letter U-A : 660 feet from the North line and 660 feet from the East line Section 10 Township 25S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) DF: 3132'	
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 _____	

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 checked="" 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: <input 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.

This replaces previously approved procedure.

1. MIRU PU
2. Install BOPE.
3. POOH w/tubing and sub pump equipment.
4. RU wireline. RIH w/4-12" CIBP and set @3750'. Dump bail 20' cmt on top of CIBP.
5. RIH w/tubing and tag CIBP. Circuate hole w/treated 2% KCl water. Pressure test casing to 500 psig. POOH and lay down tubing.
6. Load casing w/treated 2% KCl water.
7. 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 12/15/05

Type or print name Carolyn Larson

E-mail address: clarson@energen.com  
Telephone No. 432/684-3693

For State Use Only

APPROVED BY Larry W. Wink

Conditions of Approval, if any:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE \_\_\_\_\_ DATE DEC 19 2005