Submit 3 Copies To Appropriate District Office State of New Me:		Form C-103	
District I	WELL API NO.	June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave., Artesia, NM 88210 OBBS GENERVATION 1301 W. Grand Ave., Artesia, NM 88210 OBBS GENERVATION 1301 W. Grand Ave., Artesia, NM 88210 OBBS GENERAL ST. French	DIVISION 30-041	-20454	
District III 1220 South St. Flat	ICIS DI.		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV MAR 1 5 2017 Santa Fe, NM 87	505 STATE	FEE X	
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Ga 023845	s Lease No.	
SUNDRY NORCE DORTS ON WEL	S 7. Lease Name or	7. Lease Name or Unit Agreement Name:	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 PROPOSALS.)	R PLUG BACK TO A Lambirth	7.5	
1. Type of Well: Oil Well Gas Well Other /	8. Well Number	3 /	
2. Name of Operator		9. OGRID Number 162928	
Energen Resources Corporation 3. Address of Operator	10. Pool name or		
3510 N. A St., Bldgs A & B Midland, TX 79705 4. Well Location	1	; Penn Associated	
	.h	. Fact ii	
Unit Letter G: 1980 feet from the Nor			
Section 31 Township 5-S I	Range 33-E NMPM	County Roosevelt	
4393' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING			
CONVERSATION PROME MA			
RETURN TO TAX (A)	COMMENCE DRILLING OPNS.	P AND A	
CSCGENVIRO CHG LOC			
INT TO PAP&A NR P&A R			
	OTHER: MIT	X	
13. Describe proposed or completed operations. (Clearly state all per		The state of the s	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
03/14/2017			
Perform MIT for extension of TA status. This Approval of Tamportal 1111 2018			
Thank you. Abandonment Expires 3/14/2018			
Spud Date: Rig Releas	e Date:		
I hereby certify that the information above is true and complete to the	pest of my knowledge and belief.		
SIGNATURE Menda Wastyis TITLE Regulatory Analyst DATE 03/15/2017			
Type or print name Brenda F. Rathjen E-mail address: PHONE 432/688-3323			
For State Use Only Alal Med.			
APPROVED BY VALUE DATE 3/15/2017			
Conditions of Approval (if any):			

