Submit 3 Copies To Appropriate District  State of New Mexico  Finergy, Minerals and Natural Resources		Form C-103	
Energy, witherars and re	WELL API NO.		
District 1 1625 N. French Dr., Hobbs, NM HOBE OIL CONSERVATION DIVISION		30-025-01225	
1301 W. Grand Ave., Ariesia, NM 88210		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87 MAR 2 7 2017 Santa Fe, NM 87505		STATE X FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. 27804	
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.)		7. Lease Name or Unit Agreement Name: Saunders SWD	
1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number	
2. Name of Operator		9. OGRID Number	
Energen Resources Corporation  3. Address of Operator		162928	
3510 N. "A" St., Bldgs A & B, Midland, TX 79705		Saunders SWD: Fenn	
4. Well Location			
Unit Letter M: 660 feet from the	South line and_	660 feet from the West line	
Section 4 Township 15 S		NMPM County Lea	
11. Elevation (Show whet	her DR, RKB, RT, GR 4221'	, etc.)	
10 01 1 1 2 2 2 1			
12. Check Appropriate Box to Indica	ite Nature of Notic	e, Report, or Other Data	
NOTICE OF INTENTION TO:	1 01	IBSECULENT DEPORT OF	
	_	JBSEQUENT REPORT OF:	
E-PERMITTING REMEDIAL WORK			
	COMMENCE DRI	ILLING OPNS. P AND A	
0110100	] CASING/CEMEN	T JOB	
CSCGENVIROCHG LOC INT TO PAP&A NRP&A R			
INTTOPAFGATINTGATI			
OTHER:		ure test for TA Status extension	
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.			
Request extension to TA status. Chart are	Harhed F	mal 1/A EXTENSIE	W
This Approval of Temporary			
Test run 3/16/17 Abandonment Expires 3/16/2018			
THANK YOU! NEED TO P/A OR			
EXPIREDIA	RELAO	DIV FOR SUID DERM	17
0-2 19 19	VC+14b	AND STAGE	
Spud Date: Rig R	elease Date:	AND SIAK	. 1
			~2 %
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Menda Haltyer TITLE Regulatory Analyst DATE 03/23/2017			
Type or print name Brenda F Rathjen E-mail address: PHONE 432-688-3323			
For State Use Only 1			
APPROVED BY YOUR TITLE HOLL DATE 3/27/2017			
Conditions of Approval (if any):	/	/ /	

RBDMS-CHART-V



