Submit 3 Copies To Appropriate District	State of New Me			Form C-103
Office District I	Energy, Minerals and Natu	ral Resources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION			30-025-	11516
District III 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr.			5. Indicate Type of	Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE	FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas 24695	Lease No.
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: Stuart Langlie Mattix Unit	
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			10. Pool name or V	Vildoot
35. Address of Operator 3510 N. "A" St., Bldgs A & B, Midland, TX 79705			Langlie Mattix 7 RVRS Queen	
4. Well Location				
Unit Letter E:_	1980feet from theNor	th line and	990 feet from	n the West line
Section 10	Township 25-S		NMPM	County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3138' KB				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:			CEOUENE DEE	ODT OF
NOTICE OF INTENTION TO:			SEQUENT REF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON .	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ов 🗆	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: MIT run	for 2017 UIC test	ting X
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.				
MIT test run 2/20/2017 for 2017 UIC testing requirement				
Thank you!				
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Menda Marty TITLE Regulatory Analyst DATE 05/26/2017				
Type or print name Brenda F. Rathjen E-mail address:PHONE 432-688-3323				
For State Use Only				
APPROVED BY Conditions of Approva (if any): TITLE Oppliance Office DATE 3/26/17				

