				Farm	C 102	
Submit 3 Copies To Appropriate District State of New Mexico Energy, Minerals and Natural Resources					n C-103 ne 19, 2008	
District I 1625 N. French Dr., Hobbs, NM 87240		WELL API NO.				
District II 1301 W. Grand Ave., Artesia, NM 88210	1 W Grand Ave Artesia NM 88210 OIL CONSERVATION DIVISION			30-025-37846 5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE X	<	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	tIV		6. State Oil & Gas Lease No.			
			27820			
SUNDRY NOTICES AND REPORTS ON WELLS 1 2 2017 (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 SUCHED PROPOSALS.) 1. Type of Well:			7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit			
1. Type of Well:			8. Well Number			
Oil Well 🛛 Gas Well 🗌 Other			23		1	
2. Name of Operator			9. OGRID Number 162928			
Energen Resources Corporation 3. Address of Operator			102920 10. Pool name or Wildcat			
3300 N. A St., Bldg. 4, Ste. 100 Midland, TX 79705			Lovington: Strawn, West			
4. Well Location					-	
Unit Letter <u>0 :</u>	660 feet from the Sou	ith line and	2310 feet fro	om the East	line	
Section 34	Township 15S	Range 35E	NMPM	County	Lea	
	11. Elevation (Show whether		c.)	A Partie		
		90' GR				
12. Check Ap	ppropriate Box to Indicate	Nature of Notice, I	Report, or Other	Data		
			SEQUENT REPORT OF:			
FERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CA		
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 for T				
 Describe proposed or completed of starting any proposed work). or recompletion. 		, ,		C		
	ed by OCD personnel Kerry H	Fortner 575-399-32	21.			
Chart attached	-		1	Don		
Well was TA'd 10/14/14 w/CIBP @11,423. This Approval of Temporary						
Thank you. Abandonment Expires 10/5/2019						
	D' D I					
Spud Date:	Rig Relea	ise Date:				
I hereby certify that the information a	bove is true and complete to the	best of my knowledge	e and belief.			
SIGNATURE Brenda FMC	utyersTIT		ry Analyst	DATE10/0	5/2017	
Type or print name Brenda F. Rath	ijen E-m	brenda.rathjen@ ail address:	energen.com	_PHONE _432-6	88-3323	
For State Use Only	P			1	1	
APPROVED BY Conditions of Approval (if any):	Atrown TIT		Ţ		6/2017	
Conditions of Approval (II any).	PRIME CHAPT	7-1				
	VADAID- CIMO	v				



