

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

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

Form C-103  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-32526
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Energen Resources Corporation		6. State Oil & Gas Lease No. 27820
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705		7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit
4. Well Location Unit Letter <u>G</u> : <u>2310'</u> feet from the <u>North</u> line and <u>1980'</u> feet from the <u>East</u> line Section <u>33</u> Township <u>15S</u> Range <u>35E</u> NMPM County <u>Lea</u>		8. Well Number 10
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3979'		9. OGRID Number 162928
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 _____		10. Pool name or Wildcat Lovington, Strawn, West

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Repair casing leak <input checked="" 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.

10/14-10/29/05 - MIRUSU.

Pressure tested casing via tbq to 1500#. Bled off to zero pressure in 15 minutes indicating hole in csg. Spotted balanced plug across holes in csg at 5584-5587 (30 sx Squeeze Crete D-966). Balance plug spotted from 5640-5296'. SICP 400#. Bled off pressure. Tag cement stringers at 5033'. Drill out hard cement to 5515'. Circulate hole clean. Drill out cmt from 5515-5645'. Fell thru. Continue in hole to 5789'. Pressure tested csg leak between 5584-5587' 500# for 30 mins. Increased pressure to 850#; tested good for 30 mins. Bled off pressure. Displaced hole w/clean 2% KCLW. RIH w/346 jts. Nipple up flowline. RDSU.

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 6/20/06  
E-mail address: clarson@energen.com  
Type or print name Carolyn Larson Telephone No. 432 684-3693

For State Use Only

APPROVED BY Larry W. Wink TITLE OG FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 26 2006  
Conditions of Approval, if any: