Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

	Expires March 31,
5.	Lease Serial No.

SUNDRY NOTICES	S AND	REPORTS	ON	WELL	S
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Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

NM 04411
6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE -	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well X Oil Well Gas Well Other		8. Well Name and No.
2. Name of Operator	West Lovington Str awn Unit	
Energen Resources Corporation		#19. API Well No.
3a. Address	3b. Phone No. (include area code)	30-025-31531
3300 N. A St., Bldg. 4, Ste. 100, M 4. Location of Well (Footage, Sec., T., R., M., or Survey 330' FSL & 2145' FEL	Midland, TX 79705 (432) 684-3693 Description Descr	10. Field and Pool, or Exploratory Area Lovington Strawn, West
Section 33, T-15-S, R-35-E	11. County or Parish, State	
12 CHECK APPROPRIATE	DOV(50) TO INDICATE MATURE OF MOTION	Lea NM
12. CHECK APPROPRIATE	BOX(ES) TO INDICATE NATURE OF NOTICE, F	REPORT, OR OTHER DATA
TYPE OF SUBMISSION .	TYPE OF ACT	ION
Notice of Intent	Acidize Deepen Produ	uction (Start/Resume) Water Shut-Off
X Subsequent Report	Alter Casing Fracture Treat Recla	mation Well Integrity
<u></u> p	Casing Repair New Construction Reco	mplete X Other Profile
Final Abandonment Notice		porarily Abandon modification r Disposal
5/6/06 - RIH w/tubing and gas lif orifice valve. The 15' KB correc 10,823', valve #3 is @ 9806', val 1900" Larkin wellhead. RD pump t	Plocity string with gas lift valves inside to valves as follows: A total of 347 joint sted EOT is the bottom of the orifice valve ve #4 is @ 8479', and valve #5 is @ 6817'. Truck. SI the well, SDFWE. Will try to kink and build wellhead to sales and to test to test tank. ACCEPTE JUN PETRO!	s and 5 valves including the 0 11,347', valve #2 is 0 ND the BOP, NU 2-7/8" X ck the well off ASAP. tank. Prep to blow well down D FOR RECORD
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	Title	
Garolyn Larson	Regulatory Anal	yst -
_ laroly Larsa	Date 5/22/06	
THIS	SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the subject lease	
	n 1212, makes it a crime for any person knowingly and willfully to	o make to any department or agency of the United