

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

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.)		WELL API NO. 30-025-37246
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 checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Energen Resources Corporation		6. State Oil & Gas Lease No. 34819
3. Address of Operator 3300 North A St., Bldg. 4, Ste 100 Midland, TX 79705		7. Lease Name or Unit Agreement Name: Big Dog Baer
4. Well Location Unit Letter <u>G</u> : <u>1650</u> feet from the <u>North</u> line and <u>1672</u> feet from the <u>East</u> line Section <u>32</u> Township <u>15S</u> Range <u>35E</u> NMPM County <u>Lea</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3998'		9. OGRID Number 162928
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater <u>68'</u> Distance from nearest fresh water well <u>865'</u> Distance from nearest surface water _____ Pit Liner Thickness: <u>12</u> mil Below-Grade Tank: Volume <u>10M</u> bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Place on rod pump <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.

5/12-5/27/06

Well died over the weekend. Resumed swabbing. Set Lufkin C456D-305-144 pumping unit. RU pmp truck on tubing and pumped 80 BPW down tubing. L&P csg to 500# with 2 BPW. RIH w/2-7/8" tubing string. Opened well, light gas flow from flowline, SLMIH w/a bul plugged 3-1/2" slotted gas anchor, 357 jts of 2-7/8" N-80 6.5# tubing. The 16' KB corrected EOT is 2-7/8" bull plug on the bottom of gas anchor @ 11,651', the slotted intake is 11,621', SN is @ 11,619' and the TAC is ! 11,615'. RIH w/1-1/4" x 23' gas anchor on a 25-150-SV gas compressor, 216" stroke. EOP is 11,602'.
5/30/06 Test - 233 BO/ 45 BW/378 MCF

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 6/27/06
E-mail address: clarson@energen.com
Type or print name Carolyn Larson Telephone No. 432/684-3693

For State Use Only

APPROVED BY [Signature] TITLE _____ DATE _____
Conditions of Approval, if any:

PETROLEUM ENGINEER

AUG 17 2006