

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. 30-025-37530
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.
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>I</u> : <u>2310</u> feet from the <u>South</u> line and <u>660</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 22
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3990' GR		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 _____		

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 checked="" 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: <input 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.

8/25 -Acid-frac'd Strawn perfs 11,558-11,590 via 2-/38 tubing w/ 22M gals of 50 Quality foamed acid system (DGA320 Gelled Acid/Co2) as follows: 2M gals of 20% HCL/DI/50Q acid w/additives; 12M gals of DGA320/50Q foamed acid; 3M gals of 20% HCL/DI/50Q foamed acid w/additives & 50 1.1 SG bio-balls; 10M gals of DGA320/50Q foamed acid; 3M gals of 20% HCL/DI/50Q foamed acid w/additives and 2,940 gals of 50Q 2% FKCL foamed water. Started flowing well back to test tank on a 48/64" choke w/240# of FTP.

8/26-28/06 - Swabbing.

9/1/06 - Began flow testing to test tank. Turned well back to Production 8 a.m. 9/1/06

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 9-11-96

Type or print name Carolyn Larson

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Telephone No. 432/684-3693

For State Use Only

APPROVED BY Gay W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval, if any

SEP 14 2006