Indext in prech Dr., Holle, NM 8720       INDExt in prech Dr., Holle, NM 8720         Date III DI W. Grand Area. Areasis, NM 8740       IZ20 South St. Francis Dr. Santa Fe, NM 87505         Statistic III DI W. Grand Areasis, NM 8740       Santa Fe, NM 87505         Date III DI W. Grand Areasis, NM 87400       Santa Fe, NM 87505         Statistic III DI W. Grand Areasis, NM 87400       Santa Fe, NM 87505         SUNDERY NOTICES AND REPORTS ON WELLS       OIL CONSERVATION FOR PERMIT (FORM C-101) FOR SUCH         (ON OT USE THAF FORM FOR FOROFASSALS TO BELL TO TO DEPERFOR PULL BACK TO A.       F. Lease Name or Unit Agreement Name: Hest Lovington Strawn Unit         (OI Well IZ Gas Well ]       Other       22         2. Name of Operator       9. OGRID Number       I. Depol Multi         Unit Letter ]       2310       Actes from theSouthIne andGO freet from theEastIne         3. Address of Operator       3900' GR       Strawn. Hest	Submit 3 Copies To Appropriate District Office	State of New M			Form C-103
1301 W. Gund Ave., Aussel, NM SET0       1220 South St. Francis Dr. Santa Fe, NM S705       5. Indicate Type of Lase STATE []] FFE []]         1220 South St. Francis Dr. Santa Fe, NM S705       6. State Old. & Gas Lease No.         2121 St. St. Frances Dr., Santa Fe, NM S705       6. State Old. & Gas Lease No.         2121 St. St. Frances Dr., Santa Fe, NM S705       7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PERFORMENT RESERVORU USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH "3. Address Of Operator 3.	1625 N. French Dr., Hobbs, NM 87240	trict I			May 27, 2004
International Rel. Addres NM 87410       International Status Fe, NM 87505       STATE       STATE       FEE       Status Fe, NM 87505         Detect IN       International Network       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505         Detect IN       International Network       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505         Detect IN       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505         Detect IN       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505         Detect IN       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505         Detect IN       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505         Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505         Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505         Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505       Status Fe, NM 87505	301 W Grand Ave. Artesia NM 88210 OIL CONSERVATION DIVISION				
Data Number       6. State Oil & Gas Lease No.         SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Nume of Undrageoment Name:         (PONOT USE THAN FORM FOR PROPSALS TO DATILLO TO TO ESPENDENCE TO ALL DATION FOR PLUG AGK TO ALL DEPERDENT RESERVOIR, USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH       7. Lease Nume of Undrageoment Name:         (PONOT USE THAN FORM FOR PROPSALS TO DATILLO TO TO ESPENDENT (FORM C-101) FOR SUCH       8. Well Number       22         21. Name of Operator       9. OGRID Number       162928         3. Addess of Operator       9. OGRID Number       162928         3. Addess of Operator       3300 N. A. St., Bida, 4. Ste. 100 Midland, TX 79705       10. Pool name or Wildeat         Unit Letter					
(DO NOT USE THIS FORM POR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PROFOSALS)       West Lovington Strawn Unit         1.1 Type of Well Oll Well G Gas Well Other       0.0         2.2       0.0         9.0 GGRID Number       2.2         1.3 Type of Well Oll Well G Gas Well Other       9.0         3.3 Address of Operator       10.0         11. Elevation       10.0         12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       ALTER	District IV				
(DO NOT USE THIS FORM POR PROPOSALS TO DELLOR TO DEEPEN OR PLUG BACK TO A PRETERMIT (FORM C-101) FOR BUCH PLUG BACK TO A PRETERMIT (FORM C-101) FOR BUCH PLUG BACK TO A PRETERMIT (FORM C-101) FOR BUCH PLUG BACK TO A PLUG BACK TO A PLUG BACK TO A PLUG BACK TO A PRETERMIT (FORM C-101) FOR BUCH PLUG BACK TO A PLUG BACK TO				7. Lease Name or Unit Agree	ement Name:
Oil Well       Gas Well       Other       22         2. Name of Operator       9. OGRID Number         Energen Resources Corporation       10. Pool name or Wildcat         3. Address of Operator       10. Pool name or Wildcat         3. Address of Operator       10. Pool name or Wildcat         3. Address of Operator       10. Pool name or Wildcat         3. Address of Operator       10. Pool name or Wildcat         3. Address of Operator       10. Pool name or Wildcat         3. Address of Operator       10. Pool name or Wildcat         3. Address of Operator       11. Elevation (Show whether DR, RKB, RT, GR, etc.)         3. Here Thickness       mill Bebw-Grade Tank: Volume       Inter Thickness         12. Check Appropriate Box to Indicate       Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       A LIERING CASING         PULL OR ALTER CASING       MULTPLE       COMMENCE DRILLING OPNS.       PLUS AND         PULL OR ALTER CASING       MULTPLE       CASING TEST AND       ALTERING Completion         OTHER:       OTHER:       OTHER:       Interning opposed or completed operations. (Clearly state all pertiment details, and give pertiment date, inchuling estimated date       of stating any propo				West Lovington Strawn U	
2. Name of Operator       9. OGRID Number         Intergen Resources Corporation       10. Pool name of Wildeat         3.Address of Operator       2310         Well Location       11. Elevation (Show whether DR. RKB, RT, GR, etc.)         3990' GR       11. Elevation (Show whether DR. RKB, RT, GR, etc.)         3990' GR       11. Elevation (Show whether DR. RKB, RT, GR, etc.)         12. Check Appropriate Box to Indicate       Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERPORM REMEDIAL WORK       PLUG AND ABANDON         CMMPORARILY ABANDON       CHANGE PLANS         COMMENCE DRILLING OPNS.       PLUG AND         PULL OR ALTER CASING       MULTIPLE         COMPLETION       CEMENT JOB         OTHER:       OTHER:         10. Describe proposed or completed operations. (Clearly state all pertiment detais, and give pertiment dates, including estimated date of starting any pro					
3. Address of Operator       10. Pool name of Widdart         3300 N. A St., Bldg, 4, Ste. 100 Midland, TX 79705       Lovington: Strawn, West         4. Well Location       Unit Letter	2. Name of Operator				
3300 N. A St., Bldq. 4, Ste, 100 Midland, TX 79705       Lovington: Strawn, West         4. Well Location       Unit Letter		ion			
4. Well Location         Unit Letter       1       2310       feet from the       South       line and       660       feet from the       East       line         Section       32       Township       ISS       Range       35E       NMPM       County       Lea         11.       Elevation (Show whether DR, RKB, RT, GR, etc.)       3990' GR       GR       Stance from nearest sufface water         Pit Depth to Groundwater       Distance from nearest fresh water well       Distance from nearest sufface water       Distance from nearest sufface water         Pit Lizer Thickaess:       mil       Below-Grade Tank: Volume       bbls; Construction Material       Grade water         12.       Check Appropriate Box to Indicate       Nature of Notice, Report, or Other Data       SUBSEQUENT REPORT OF:         YERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING       PLUCA NO         YULL OR ALTER CASING       MULTIPLE       CASING TEST AND       PLUG AND       ABANDONMENT         OTHER:       OTHER:       OTHER:       OTHER:       DH       Stanting any proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of satting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.       St25. Actid-fraci d		a 100 Midland TV 7070	г		
Section       32       Township       155       Range       35E       NMPM       County       Lea         11.       Elevation (Show whether DR, RKB, RT, GR, etc.)       3990       GR       3990       GR         Pit Laer Thickness:       Depth to Groundwater       Distance from nearest fresh water well       Distance from nearest surface water         Pit Liner Thickness:       mil       Below-Grade Tank: Volume       bbis: Construction Material       GR         12.       Check Appropriate Box to Indicate       Nature of Notice, Report, or Other Data       GR         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:       PLUG AND         PERFORM REMEDIAL WORK       PLUG AND ABANDON       COMMENCE DRILLING OPNS.       PLUG AND         CHANGE PLANS       COMMENCE DRILLING OPNS.       PLUG AND       ALTERING CASING         DULL OR ALTER CASING       MULTIPLE       CASING TEST AND       ABANDONMENT         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         375 -Actid - frac'd Strawn perfs 11,558-11,590 via 2-/38 tubing w/ 22M gals of 50 Quality foamed acid       system (GoA320 /600 foamed acid: 3M gals of 204 HCL/DL/500 foamed acid w/additives & 50 1.1 SG bio-balls: 10M gals of D0	4. Well Location	<u>e. 100 midiand, 1X /9/0</u>	5	Lovington; Strawn, West	
11. Elevation (Show whether DR, KKB, RT, GR, etc.) 3990 'GR         Fit or Below-grade Tank Application       or Closure         Bit type       Depth to Groundwater       Distance from nearest strike water         Pit Liner Thickness:       mil       Below-Grade Tank: Volume       bbis; Construction Material         12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE       COMMENCE DRILLING OPNS.       PLUG AND         OTHER:       OTHER:       OTHER:       DOTHER:         DTHER:       OTHER:       OTHER:       DOTHER:         13. Describe proposed or completed operations. (Clearly state all pertitent 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 -Actid - frac'd Strawn perfs 11,558-11,590 via 2-/38 tubing w/ 22M gals of 50 Quality foamed acid system (DGA20 Gelled Acid/c02) as follows: 2M gals of 20% HCL/DI/500 acid w/additives: 12M gals of 500 2% KCL for GA20/500 foamed acid: 3M gals of 20% HCL/DI/500 foamed acid w/additives & 50 1.1 SG bio-balls: 10M gals of D0% HCL/DI/500 foamed acid w/additives all 2.940 gals of 500 2% FKCL foamed were. Started flowing well back to test tank on a 48/64* choke w/240# of FTP.         8/26-28		2310 feet from the So	uth line and	660 feet from the	East line
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3990 GR         Pit or Bdow-grade Tank Application       or Closure [	Section 32	Township 15S	Range 35E	NMPM County	Lea
Pet type		11. Elevation (Show whether	DR, RKB, RT, GR, et		
PH Liner Thickness:       mil       Below-Grade Tank: Volumebbls; Construction Material	Pit or Below-grade Tank Application	or Closure		14.	· .
12. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:         "PERFORM REMEDIAL WORK    PLUG AND ABANDON            COMMENCE DRILLING OPNS.            PULL OR ALTER CASING            MULTIPLE         COMPLETION         DTHER:         I3. 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 foamed acid; 3M gals of 20X HCL/DI/500 foamed acid w/additives and 2,940 gals of 500 Q2X 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         Phereby 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-rade tank has beginvill be constructed or closed coording to NMOCD guidelines [] , a general permit    or an (attached) alternative OCD-approved plan            Istarte Use Only       Imethod com	Pit type Depth to Groundwater .	Distance from nearest fres	h water well Dis	tance from nearest surface water	
NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         Image: Provide the state of th	Pit Liner Thickness: mil	Below-Grade Tank: Volume	bbls; Construction	on Material CO	
DULL OR ALTER CASING       MULTIPLE COMPLETION       CASING TEST AND CEMENT JOB       ABANDONMENT         DTHER:       OTHER:       OTHER:       Image: 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 22 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         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- rate tank has begrefit be constructed or close Decording to NMOCD guidelines [X], a general permit or an (attached) alternative OCD-approved plan []         SIGNATURE       ADATE       9-11-96 E-mail address:       Clarson@energen.com Telephone No. 432/684-3693         OC FIELD REPRESENTATIVE H/STAFF MANAGEP       SEP 1 4 200		ENTION TO: PLUG AND ABANDON	SUB REMEDIAL WORK		
<ul> <li>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.</li> <li>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 and 2.940 gals of 500 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.</li> <li>9/1/06 - Began flow testing to test tank. Turned well back to Production 8 a.m. 9/1/06</li> <li>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 coording to NMOCD guidelines X], a general permit or an (attached) alternative OCD-approved plan SIGNATURE Caroly Larson</li> <li>For State Use Only Caroly Larson</li> <li>For State Use Only Caroly Larson</li> <li>Cor Field REPRESENTATIVE It/STAFF MANAGEP</li> <li>TITLE DATE DATE SEP 1 4 200</li> </ul>	PULL OR ALTER CASING		CASING TEST AND		
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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  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- prade tank has been frill be constructed or close faccording to NMOCD guidelines X, a general permit or an (attached) alternative OCD-approved plan SIGNATURE TITLE Regulatory Analyst DATE 9-11-96 E-mail address: clarson@energen.com Telephone No. 432/684-3693 Coc Field REPRESENTATIVE IV/STAFF MANAGEP TITLE DATE SEP 1 4 200	13. Describe proposed or completed of starting any proposed work). or recompletion.	SEE RULE 1103. For Multiple	rtinent details, and give e Completions: Attach	wellbore diagram of proposed	completion
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 X , a general permit or an (attached) alternative OCD-approved plan         SIGNATURE       APPROVED BY       APPROVED BY       DATE       9-11-96         APPROVED BY       May W. Wink       TITLE       Regulatory Analyst       DATE       9-11-96         Cor State Use Only       Cor State With the Use Only       Cor State With the top of top of the top of the top of the top of top of top of the top of top	system (DGA320 Gelled Acic DGA320/50Q foamed acid; 3M of DGA320/50Q foamed acid; foamed water. Started flo 8/26-28/06 - Swabbing.	I/Co2) as follows: 2M gal I gals of 20% HCL/DI/50Q f 3M gals of 20% HCL/DI/50 wing well back to test ta	s of 20% HCL/DI/50 oamed acid w/addit Qfoamed acid w/add nk on a 48/64" cho	Q acid w/additives; 12M g ives & 50 l.l SG bio-ball itives and 2,940 gals of ke w/240# of FTP.	gals of s; 10M gals
grade tank has been will be constructed or closed according to NMOCD guidelines X , a general permit or an (attached) alternative OCD-approved plan         SIGNATURE       APPROVED BY         APPROVED BY       Augual         APPROVED BY       SEP 1 4 200					1 1 1
SIGNATURE       Carolyn       Arson       TITLE       Regulatory Analyst       DATE       9-11-96         Signature       Carolyn       Larson       E-mail address:       clarson@energen.com         Fype or print name       Carolyn       Larson       Corolyn       Corolyn<	I hereby certify that the information al grade tank has been/will be constructed or c	ove is true and complete to the ose Caccording to NMOCD guideling	best of my knowledge	and belief. I further certify that a	ny pit or below-
Type or print name Carolyn Larson Telephone No. 432/684-3693 Cor State Use Only APPROVED BY	SIGNATURE Carolp	Jarson_TIT	LERegulator	y Analyst DATE	· · · · · · ·
APPROVED BY SEP 1 4 200 DATE SEP 1 4 200	Type or print name Carolyn Larson	' E-r	nail address:		132/684-3693
	For State Use Only	$\gamma \sim 0$	OC FIELD REPRESEN	ITATIVE IL/STAFF MANAGER	,
Conditions of Approval, if any	APPROVED BY $\underline{\mathcal{Auy}}$	Wink TI	ГLЕ	DATE	SEP 1 4 200

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