

Submit to: Appropriate District Office
State Lease - 6 copies
Fee Lease - 5 copies
District I
1625 N. French, Hobbs, NM 88240
District II
1301 W. Grand Avenue, 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-105
Revised March 25, 1999

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|-----------------------------------------------------------------------------------------------------|
| WELL API NO. 30-025-37846 |
| 5. Indicate Type Of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____ | 7. Lease Name or Unit Agreement Name West Lovington Strawn Unit |
| b. Type of Completion: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____ | |
| 2. Name of Operator Energen Resources Corporation | 8. Well No. 23 |
| 3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705 | 9. Pool name or Wildcat Lovington; Strawn, West |

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------|-----------------------------------------------------|---------------------------------------|
| 4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>15S</u> Range <u>35E</u> NMPM Lea County | | | | |
| 10. Date Spudded 6/2/06 | 11. Date T.D. Reached 7/1/06 | 12. Date Compl. (Ready to Prod.) 9/1/06 | 13. Elevations (DF & RKB, RT, GR, etc.) 3961' GR | 14. Elev. Casinghead |
| 15. Total Depth 11,860' | 16. Plug Back T.D. 11,765' | 17. If Multiple Compl. How Many Zones? | 18. Intervals Drilled By XX | Rotary Tools Cable Tools |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name 11,488' - 11,552' Strawn | | | | 20. Was Directional Survey Made No |
| 21. Type Electric and Other Logs Run Platform Express, NGT, sonic & MR CBL/VDL/CMT/GR/CCL | | | | 22. Was Well Cored? No |

| 23. CASING RECORD (Report all strings set in well) | | | | | |
|----------------------------------------------------|----------------|-----------|-----------|--------------------|---------------|
| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
| 13-3/8" | 48.00# | 432' | 17-1/2" | 500SX CLASS c | |
| 8-5/8" | 32.00# | 4,699' | 11" | 2200SX 35/65 poz C | |
| 5-1/2" | 17.00# | 11,860' | 7-7/8" | 1400 sx POZ H | |
| | | | | | |
| | | | | | |

| 24. LINER RECORD | | | | | 25. TUBING RECORD | | |
|------------------|-----|--------|--------------|--------|-------------------|-----------|------------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
| | | | | | 2-3/8" | 11,413' | 11,422' |
| | | | | | | | |

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| 26. Perforation record (interval, size, and number) 11,488' - 11,512' .42" 72 holes 11,524' - 11,552' .42" 84 holes | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL 11,488-11,552' AMOUNT AND KIND MATERIAL USED 5M gals 15% HCL/DI acid |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

| 28. PRODUCTION | | | | | | | |
|---------------------------------|--------------------------------------------------------------------------------|-------------------------|------------------------|-------------------|------------------|---------------------------------------------|-------------------------|
| Date First Production 9-6-06 | Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing | | | | | Well Status (Prod. or Shut-in) Producing | |
| Date of Test 9-15-06 | Hours Tested 24 | Choke Size 48/64 | Prod'n For Test Period | Oil - Bbl. 139 | Gas - MCF 300 | Water - Bbl. 0 | Gas - Oil Ratio 2158 |
| Flow Tubing Press. 85 | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API -(Corr.) 46.0 | |

| | |
|--------------------------------------------------------------------|-------------------|
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold | Test Witnessed By |
|--------------------------------------------------------------------|-------------------|

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|--------------------------------------------------------------|
| 30. List Attachments C-104, C-102, Deviation survey, Logs |
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31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Carolyn Larson Printed Name Carolyn Larson Title Regulatory Analyst Date 9-18-06

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northeastern New Mexico

| | | | |
|----------------------------|------------------------|-----------------------------|------------------------|
| T. Anhy _____ | T. Canyon _____ | T. Ojo Alamo _____ | T. Penn. "B" _____ |
| T. Salt _____ | T. Strawn <u>11460</u> | T. Kirtland-Fruitland _____ | T. Penn. "C" _____ |
| B. Salt _____ | T. Atoka <u>11710</u> | T. Pictured Cliffs _____ | T. Penn. "D" _____ |
| T. Yates <u>3060</u> | T. Miss _____ | T. Cliff House _____ | T. Leadville _____ |
| T. 7 Rivers <u>3230</u> | T. Devonian _____ | T. Menefee _____ | T. Madison _____ |
| T. Queen <u>3930</u> | T. Silurian _____ | T. Point Lookout _____ | T. Elbert _____ |
| T. Grayburg <u>4370</u> | T. Montoya _____ | T. Mancos _____ | T. McCracken _____ |
| T. San Andres <u>46500</u> | T. Simpson _____ | T. Gallup _____ | T. Ignacio Otzte _____ |
| T. Glorieta <u>6270</u> | T. McKee _____ | Base Greenhorn _____ | T. Granite _____ |
| T. Paddock _____ | T. Ellenburger _____ | T. Dakota _____ | T. _____ |
| T. Blinebry _____ | T. Gr. Wash _____ | T. Morrison _____ | T. _____ |
| T. Tubb <u>7445</u> | T. Delaware Sand _____ | T. Todilto _____ | T. _____ |
| T. Drinkard _____ | T. Bone Springs _____ | T. Entrada _____ | T. _____ |
| T. Abo <u>8190</u> | T. _____ | T. Wingate _____ | T. _____ |
| T. Wolfcamp <u>9790</u> | T. _____ | T. Chinle _____ | T. _____ |
| T. Penn _____ | T. _____ | T. Permian _____ | T. _____ |
| T. Cisco (Bough C) _____ | T. _____ | T. Penn "A" _____ | T. _____ |

OIL OR GAS SANDS OR ZONES

No. 1, from to No. 3, from to
No. 2, from to No. 4, from to

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from to feet

No. 2, from to feet

No. 3, from to feet

LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness in Feet | Lithology |
|------|----|----------------------|-----------|
| | | | |

| From | To | Thickness in Feet | Lithology |
|------|----|----------------------|-----------|
| | | | |