

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

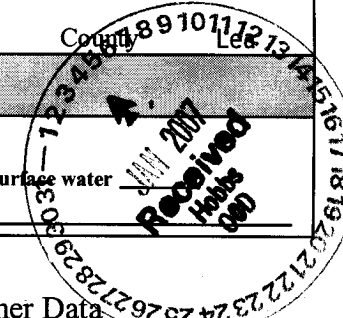
Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-33606
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 27811
7. Lease Name or Unit Agreement Name: State D
8. Well Number 8
9. OGRID Number 162928
10. Pool name or Wildcat Big Dog; Strawn, South

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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	2. Name of Operator Energen Resources Corporation
3. Address of Operator 3300 N. A St., Bldg. 4, Ste. 100, Midland, TX 79705	4. Well Location Unit Letter <u>L</u> : <u>3990</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>West</u> line Section <u>1</u> Township <u>16S</u> Range <u>35E</u> NMPM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3976' GR	
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

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: Plugback <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.

11/29-12/20/06 - Set CIBP @ 11,447' & set pkr @ 10,467'. Isolated csg leak between 7995-7964'. Dump bail 20' of cement on CIBP @ 11,447'. Run GR, CCL correlation log from 11,000-10,000'. Perforate Wolfcamp w/23 gram charges at 3 SPF & 120 degree phasing 35.5" penetration, .40 diameter holes at 10,670-98, 10,578-94, 10,550-71' for a total of 195 holes. Spot 250 gals 15% HCL acid across perfs. Pumped 1500 gals 15% HCL acid. Made several swab runs. Set pkr @ 10,625' and acidize Wolfcamp perfs 10,670-10,698 w/2000 gals 15% HCL acid. Swab test and recovered 46 BLW. Made 6 swab runs and recovered 17 bbls of fluid w/trace of oil. Released packer and layed down 2-7/8" N-80 workstring & pkr. Well is shut-in.

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 12/21/06
E-mail address: clarson@energen.com
Telephone No. 432/684-3693

Type or print name Carolyn Larson

For State Use Only

APPROVED BY Chris Williams TITLE _____ DATE _____

Conditions of Approval, if any:

FEB 01 2007