

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. 30-025-34684
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 27820
7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit
8. Well Number 14
9. OGRID Number
10. Pool name or Wildcat Lovington, Strawn, West

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3989' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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 \_\_\_\_\_

**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 ☐ Gas Well ☐ Other ☐

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 E : 1830 feet from the North line and 610 feet from the West line  
Section 33 Township 15-S Range 35-E NMPM Lea County New Mexico

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: Add perfs <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.

11/9/04 - 11/18/04 - POH w/sub pump. Made up and RIH w/3-1/8" tag gun loaded w/6 SPF, 60 degree phased Owen 4000-311T charges w/slim-gun sleeve. Perforated Strawn from 11,590' - 11,606'. RIH w/Type 0 Phoenix tool, 230 Stage, DN750, HSS, FL-CT pump, 336 jts of 2-7/8" N-80 tubing. 20' KB corrected end of the Phoenix tool is 11,1081'.

1/31/05 - RIH w/ new Schlumberger sub pump, 336 jts of 2-7/8" N-80 tubing. The 20' KB corrected EOP is @ 11,059'. Opened well to flowline.

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 2/22/07  
E-mail address: \_\_\_\_\_ Telephone No. 432/684-3693

Type or print name Carolyn Larson

For State Use Only  
APPROVED BY Hayden Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 07 2007  
Conditions of Approval, if any \_\_\_\_\_