

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. 30-025-35704
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 27820
7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit
8. Well Number 21
9. OGRID Number 162928
10. Pool name or Wildcat Lovington; Strawn, West

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3992'

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 North A St., Bldg. 4, Ste. 100 Midland, TX 79705

4. Well Location
Unit Letter H : 1800 feet from the North line and 660 feet from the East line
Section 32 Township 15S Range 35E NMPM County Lea

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

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

7/18/05 -10/4/05 - Run Micro-Vertilog from 9000'-4500'. Perforate Strawn w/3-1/8" tag gun w/4 SPF 60 degree phased from 11,580-96', 11,562-74' w/Stim gun sleeve & 11,534-44' w/o Stim sleeve for a total of 152 holes. Made 6 swab runs & recovered 20 bbls fluid. Acidized pefs 11,562'-11,608' w/4000 gals 15% acid w/300 bio-balls. Begin swabbing. On 8/20 begin flow testing well to test tank. On 8/24/05 began flow testing to battery on 32/64" choke w/FTP of 202#. Turn well over to production.

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: clarson@energen.com
Type or print name Carolyn Larson Telephone No. (432) 684-3693

For State Use Only

APPROVED BY Hayden Wink TITLE _____ DATE MAR 07 2007
Conditions of Approval, if any: _____

FIELD REPRESENTATIVE II/STAFF MANAGER