

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
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

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

1/16/2008 P/A'S. OK TO RELEASE.  
MAB. Form C-103  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 )		WELL API NO. <b>30-023-03729</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>ENERGEN RESOURCES CORPORATION</b>		6. State Oil & Gas Lease No. <b>27807</b>
3. Address of Operator 3300 North "A" Street, Bldg. 4, Suite 100, Midland, TX 79705		7. Lease Name or Unit Agreement Name <b>SNYDER B</b>
4. Well Location Unit Letter <b>J</b> : <b>3656</b> feet from the <b>NORTH</b> line and <b>2310</b> feet from the <b>East</b> line Section <b>6</b> Township <b>16-S</b> Range <b>36 E</b> NMPM County <b>Lea</b>		8. Well Number <b>2</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc ) <b>3954' GR</b>		9. OGRID Number <b>162928</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater <b>56'</b> Distance from nearest fresh water well _____ Distance from nearest surface water: _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

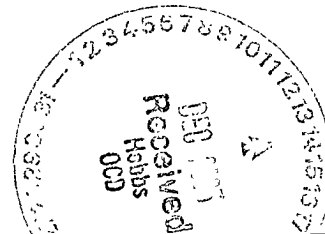
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

11-14-05 NMMOCD, Johnny Robinson (voice mail)  
11-15-05 NMMOCD, Billy P. CIPB was set @10,600' by Energen. Load well with 14.5# mud.  
11-16-05 Dump bail 3 1/2 sx. cmt. 10,600'-10,565'.  
11-17-05 Set CIBP @7472' W/ 3 1/2 sx. cmt. 7472' as per OCD Johnny Robinson.  
11-18-05 Sqz. 60 sx. cmt. Cut under pkr. @4040' @ 2 bbl./min @200 psi. Displace TOC to 4425'. SIP @ 0 psi.  
11-21-05 Tag TOC @ 4420'. Pressure test to 500 psi. Circulate 14.3# mud from 4420' with 10# MLF. Spot 30 sx. cmt. 1950'-1835' Spot 30 sx. cmt. @413'.  
11-22-05 Tag TOC @300'. Circulate 20'sx. cmt. 70' to surface. Cut well head. Install dry hole marker. Back file cellar.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.



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 Roger Massey TITLE AREA MANAGER DATE: 12-7-05

Type or print name **ROGER MASSEY** E-mail address: roger.massey@basicenergyservices.com Telephone No. 432-530-0907  
For State Use Only

APPROVED BY: Chris Williams TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE DEC 16 2005  
Conditions of Approval (if any):