

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED  
OMB NO. 1004-0137  
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Energen Resources Corporation

3a. Address  
3300 N. A St., Bldg. 4, Ste. 100 Midland, TX 79705

3b. Phone No (include area code)  
432/687-1155

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
900' FSL & 488' FWL  
Sec. 33, T15S, R35E, U/L M

5. Lease Serial No.

NM 04411

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

West Lovington

Strawn Unit #24

9. API Well No

30-025-36145

10. Field and Pool, or Exploratory Area

Lovington; Strawn, West

11. County or Parish, State

Lea

NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off       |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity       |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other <u>Reentry</u> |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |   |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |   |

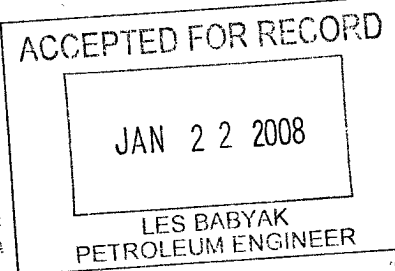
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

12/18-12/24/07 - Tapped into the P&A cap, welded in a section of 8-5/8" HCK-55 casing then welded on an 8-5/8" x 11"/5M# SO wellhead. Drilled the surface plug from 0-90', did not see plug @ 422'. Drilled thru following plugs: #2-2480-2620'; #3-4550-4890'. #4-5950-5104'. #5-7835-7975'. #6-9635-9852'. Washed to 10.454' & ran a WL survey @ 10.409', 10.538' & 10.632'. Washed to a final depth of 10.712'. Set a 200 sack Class "H" plug. Shut down for Christmas

RECEIVED

JAN 25 2008

HOBBS OCD



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Carolyn Larson

Title Regulatory Analyst

Signature

*Carolyn Larson*

Date 12-27-07

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

*Chad Williams*

OCD DISTRICT SUPERVISOR, GENERAL MANAGER

Date

FEB 07 2008

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office