

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., Amarillo, NM 79101
District IV
1220 S. St. Francis Dr., Hobbs, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION

WELL API NO. 30-025-32291 /
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> /
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit /
8. Well Number 8 /
9. OGRID Number 162928 /
10. Pool name or Wildcat Lovington, Strawn, West /
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3970' GL

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>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>34</u> Township <u>15S</u> Range <u>35E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3970' GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Casing integrity test ☒

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.

Witnessed T/A status test. Chart attached.

Spud Date:

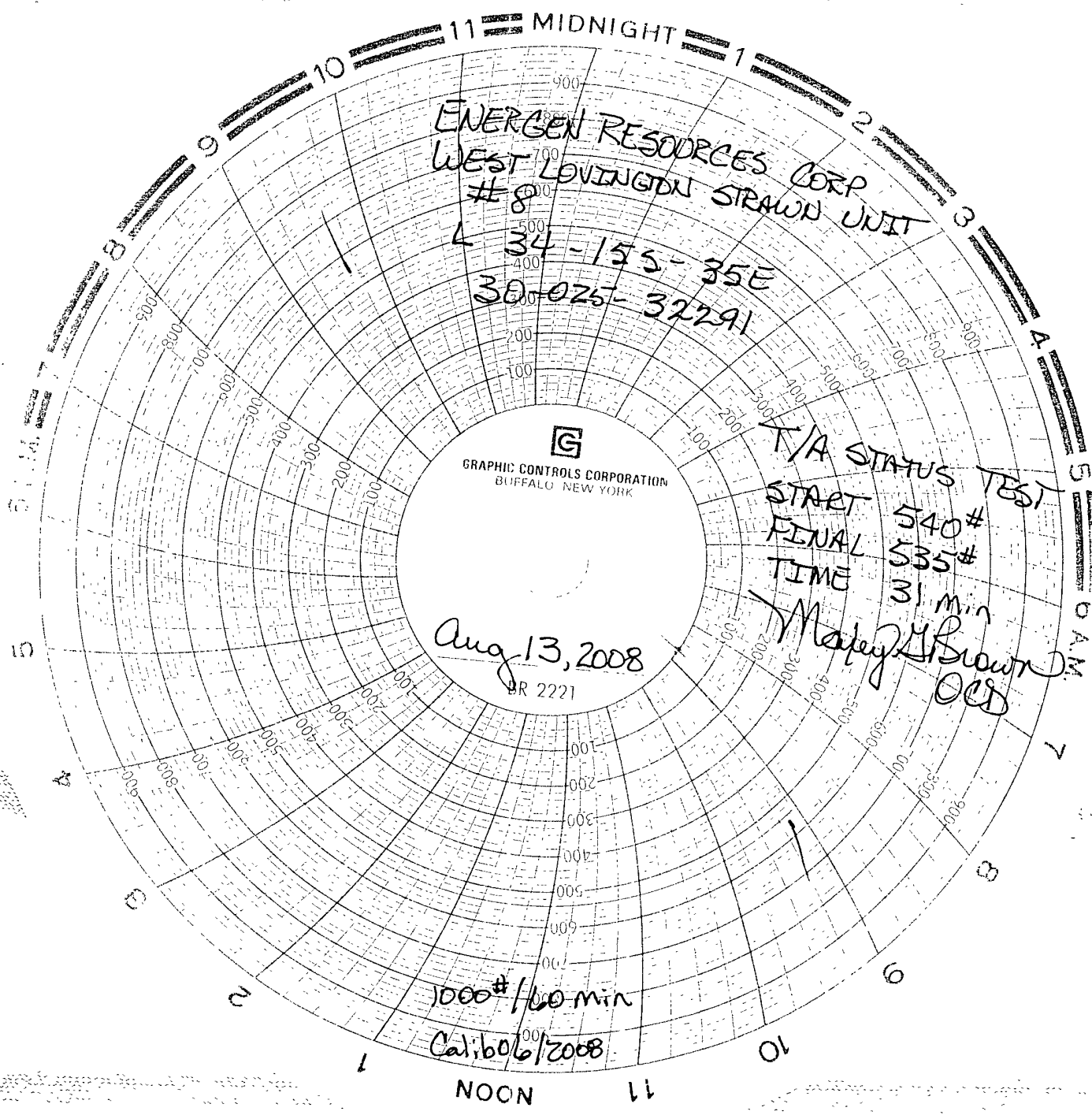
Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carolyn Larson TITLE Regulatory Analyst DATE 9/5/08
clarson@energen.com
Type or print name Carolyn Larson E-mail address: clarson@energen.com PHONE 432-684-3693

For State Use Only

APPROVED BY Campbell Hill TITLE DEPUTY SUPERVISOR/GENERAL MANAGER DATE SEP 10 2008
Conditions of Approval (if any):



ENERGEN RESOURCES CORP
WEST LOVINGTON STRAWN UNIT
#8
34-155-35E
30-025-32291

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Aug 13, 2008
BR 2221

K/A STATUS TEST
START 540#
FINAL 535#
TIME 31 min
Mapey Brown
OED

1000#/60 min
Calib 06/2008

