Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources	Form C-103 June 19, 2008
1625 N French Dr., Hobbs, NECEWERCONSEDVATION DIVISION	WELL API NO. 30-025-11532
FFR 0.5 2000 1220 South St. Francis DI.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM <b>EEB</b> 0.5 2(10) Santa Fe, NM 87505	STATE FEE X
1220 S St. Francis Dr., Santa HOBBSOCD 87505	<ol> <li>State Oil &amp; Gas Lease No. 24695</li> </ol>
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.)	7. Lease Name or Unit Agreement Name: Stuart Langlie Mattix Unit
1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number
2. Name of Operator	9. OGRID Number
Energen Resources Corporation	162928
<ol> <li>Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705</li> <li>Well Location</li> </ol>	10. Pool name or Wildcat / Langlie Mattix 7 RVRS Queen
Section         10         Township         25 - S         Range         37E           11. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea
3113' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	NG OPNS. 🔲 P AND A 🔄
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JC	DB
	-/2
OTHER: OTHER: MIT	
<ol> <li>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.</li> </ol>	
MIT performed 01-26-09 for extension of approved TA status. John R Harrison NMOCD witness on location.	
This Approval of Temporary 2-8-204	
Spud Date: R1g Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE DATE 02-04-09	
Type or print name Tracie J Cherry E-mail address: PHONE 432 684-3692	
For State Use Only FEB 06 2009	
APPROVED BY	

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