

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87401
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
RECEIVED
FEB 05 2009
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBSOCD

Form C-103
June 19, 2008

| | |
|---|---|
| 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 type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/> | WELL API NO. 30-025-11536 |
| 2. Name of Operator Energen Resources Corporation | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> Fed |
| 3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705 | 6. State Oil & Gas Lease No. 24695 |
| 4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>11</u> Township <u>25-S</u> Range <u>37E</u> NMPM <u>Lea</u> County <u>New Mexico</u> | 7. Lease Name or Unit Agreement Name: Stuart Langlie Mattix Unit |
| | 8. Well Number 120 |
| | 9. OGRID Number 162928 |
| | 10. Pool name or Wildcat Langlie Mattix 7 RVRs Queen |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3120' KB | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| 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 type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: MIT <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.

MIT performed 01-26-09 for extension of approved TA status. John R Harrison NMOC D witness on location

This Approval of Temporary
Abandonment Expires 2-6-2014

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 Tracie J Cherry TITLE Regulatory Analyst DATE 02-04-09

Type or print name Tracie J Cherry E-mail address: _____ PHONE 432 684-3692

For State Use Only

APPROVED BY Cam M. Hill TITLE DISTRICT 1 SUPERVISOR DATE FEB 06 2009

Conditions of Approval (if any): _____

