

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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 <input type="checkbox"/> Salt water disposal	WELL API NO. 30-025-29565
2. Name of Operator Energen Resources Corporation	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705	6. State Oil & Gas Lease No. 027801
4. Well Location Unit Letter <u>F</u> : <u>1900</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>32</u> Township <u>15S</u> Range <u>35E</u> NMPM Lea County New Mexico	7. Lease Name or Unit Agreement Name: Baer
8. Well No. 1	
9. Pool name or Wildcat <u>SWD Big Dog (Strawn) <9688></u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 4003'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Conversion to SWD <input checked="" type="checkbox"/>

12. 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.

7/9/03 MIRU PU, ND the wellhead, NU a 2-7/8" X CSO BOP, picked up and RIH w/a new nickel coated 2-7/8" X 5-1/2" IPC Arrow-Set 1-X packer, 2-7/8" API stainless steel seating nipple, and 107 joints of 2-7/8" L-80 & N-80 tubing w/TK-505 coating. SDON.

7/10/03 - Resumed picking up and RIH w/262 jts of 2-7/8" L-80 & N-80 6.5# EUE 8rd TK-505 coated tubing, for a total of 369 joints. ND the BOP, NU the wellhead, mixed 30 gallons of Baker Petrolite CRW-37 concentrated packer fluid in 280 barrels of fresh water, pumped 180 barrels down the casing with no circulation. Set the Arrowset 1-X packer @ 17.5' KB corrected depth of 11,569'. Topped the casing off with 51 barrels of packer fluid, PSI casing to 500# with no pressure loss in 30 minutes. RDPU

7/15/03 - RU a pump truck on the tubing. Pump tested at various rates and pressures, the 1st 130 barrel load of STrawn produced water was pumped at a rate of 5,600 barrels per day at 250#, the 2nd 130 barrel load averaged 2,300 barrels per day on a big vacuum, the 3rd 130 barrel load was pumped at 5,150 barrels per day @ 150 # pressure, and the 4th 130 barrels load averaged 2,200 barrels per day on a big vacuum. RU on the casing, mixed 1 gallon of Baker Petrolite CRW-37 concentrated packer fluid with 10 barrels of produced water, L&P the casing to 360# with 2 barrels, charted for Bill Pritchard with NMOCD, for 15 minutes. No PSI loss

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 12/10/03

Type or print name Carolyn Larson Telephone No. 432/684-3693

(This space for State use)

APPROVED BY Gay W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE DEC 23 2003
Conditions of approval, if any:

