

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) 684-3692

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

662' FSL & 660' FEL
Section 32, T-15S, R-35E

Unit-P ✓

5. Lease Serial No.

NM-04411

6. If Indian, Allottee or Tribe Name

N/A

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

NM 91055X

8. Well Name and No

West Lovington 26

Strawn Unit

9. API Well No.

30-025-26561

10. Field and Pool, or Exploratory Area

Lovington Strawn, West

11. County or Parish, State

Lea County 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

☐ Acidize

☐ Deepen

☐ Production (Start/Resume)

☐ Water Shut-Off

☐ Alter Casing

☐ Fracture Treat

☐ Reclamation

☐ Well Integrity

☐ Casing Repair

☐ New Construction

☒ Recomplete

☒ Other TA

☐ Change Plans

☐ Plug and Abandon

☐ Temporarily Abandon

☐ Convert to Injection

☐ Plug Back

☐ 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.)

Attempt to recompleat. Well TA.

See attached C-103 (original chart sent to NMOCD).

RECEIVED

JUL 13 2009

HOBBSOCD

DENIED

After 8-31-09 the well must be online
or plans to P & A must be submitted.

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Tracie J Cherry

Signature

Title Regulatory Analyst

Date 06-26-09

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

DISTRICT 1 SUPERVISOR

Date JUL 13 2009

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

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 87003
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

Form C-103
June 19, 2008

RECEIVED

JUL 13 2009

HOBBSOCD

CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-26561
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: West Lovington Strawn Unit
8. Well Number 26
9. OGRID Number 162928
10. Pool name or Wildcat

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	11. Elevation (Show whether DR, RKB, RT, GR, etc.) Gr: 3956'
2. Name of Operator Energen Resources Corporation	
3. Address of Operator 3300 N. 'A', Bldg 4, Ste 100, Midland, TX 79705	
4. Well Location Unit Letter <u>P</u> : <u>662</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>32</u> Township <u>15 S</u> Range <u>35 E</u> NMPM County <u>Lea</u>	

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: Completion and TA ☒

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.

04/29/09 - 05/07/09 - Spot acid and pickle tbq w/700 gal 15% HCL, 10 bbl 15% KCL, 700 gal Xylene.
Perforate 11,568'-11608. Acidize perms w/1023 gal 20% HCL & 36 bbls 2% KCL. Frac w/23.8 bbls Acid/CO2.
Perforate 11604'-11568'. Acidize perms w/4000 gal 15% HXL, 11000 gal DGA 320, 1979 gal 2% KCL.
05/08/09 - 05/14/09 - Swabbing for load recovery
05/15/09 - 06/09/09 Attempt to release packer. Cut off tbq, fish and mill on stuck packer. TOF 11496.
Mill bad spot in csg 11498'-11524'.
06-09-09 - 06/11/09 - Contact NMOC to TA well. Set CIBP @ 11475', dump bail 35' cmt on top. Test plug at 500# for 30 min. RDMO. Well TA.

Spud Date:

04-10-09

Rig Release Date:

04-17-09

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

06-26-09

Type or print name Tracie J Cherry

E-mail address:

tracie.cherry@energen.com

PHONE 432/684-3692

For State Use Only

APPROVED BY

TITLE

DATE

Conditions of Approval (if any):

DENIED
LACKS LIKE APPROVAL
FROM DLM 7-13-09
GWH

