

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED
OMB NO 1004-0137
Expires July 31, 2010**RECEIVED**
MAR 17 2010
HOBBSOCD

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well ✓		5. Lease Serial No. Fee (LC032511D)
2 Name of Operator Energen Resources Corporation ✓		6. If Indian, Allottee or Tribe Name N/A
3a Address 3300 N. 'A', Bldg 4, Ste 100, Midland, TX 79705	3b. Phone No. (include area code) 432/684-3692	7. If Unit or CA/Agreement, Name and/or No. NM71045A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FNL & 2310' FEL Sec 11, T25S, R37E ✓		8. Well Name and No Stuart Langlie Well #108 ✓ Mattix Unit
		9. API Well No 30-025-11534 ✓
		10. Field and Pool, or Exploratory Area Langlie Mattix 7 RVRS ✓ Queen Grayburg
		11 County or Parish, State Lea NM ✓

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> 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.)

02/23-24/10

MIRU P&A equipment. Open well, RIH tag CIBP @ 3222', load hole w/MLF, pressure test csg to 500# w/no leakoff. Spot 25 sx cmt pug on CIBP. POOH w/tbg, RIH w/WL, perf @ 2350'. RIH w/pkr attempt to pump into perf w/1200#. POOH w/pkr, RIH OE to 2400', spot 30 sx cmt plug. POOH, SDON to WOC.

02/25/10

RIH w/tbg, tag cmt @ 2220'. POOH, RIH w/WL perf @ 2380'. POOH, RIH w/tbg, set pkr @ 580', mix & sqz 60 sx cmt w/partial returns up 7" & 8-5/8" annulus. POOH, LD pkr, WOC 4 hrs, tag TOC @ 818'. Perf @ 580', mix & sqz 160 sx plug down 7" and up 8-5/8" annulus. Cement to surf. SDON.

02/26/10

Open well, pressure test sqz to 500#. RIH, tag cmt @ 354'. RIH perf & sqz cmt to surf w/70 sx. Dug out wellhead, cut 7" csg, WOC. Cmt fell to 60' FS. Mix & fill csg to surf w/10 sx, watch for 30 min., cmt did not fall. Install dry hole marker, RDPU. Will cut off anchors ASAP

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

Reclamation Due 8-25-10

- 14 I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Tracie J Cherry

Signature

Title Regulatory Analyst

Date 03-05-10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Office

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.

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.

ACCEPTED FOR RECORD**MAR 15 2010**BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE