Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Submit 3 Copies To Appropriate District Office District 1 1625 N. French Dr., Hobbs, NM 8724 District II	Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240		WELL API NO. 30-041-20454
1201 W. Grand Ave. Artecia, NM 88210 C. L. CHALLON DIVISION		5. Indicate Type of Lease
District III JAN 0 1220 South St. Francis Dr.		STATE  FEE 🗷
District IV HOBBSOCD Salita FC, IVIVI 87303		6. State Oil & Gas Lease No.
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		023845
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:		7. Lease Name or Unit Agreement Name: Lambirth
Oil Well X Gas Well Other		8. Well Number
2. Name of Operator		9. OGRID Number
Energen Resources Corporation		162928
3. Address of Operator		10. Pool name or Wildcat
3300 N. A St., Bld.g 4, Ste 100 Midland, TX 79705 4. Well Location		South Peterson; Penn Associated
4. Well Location		
Unit Letter G: 1980 fe	eet from the North line and	1980 feet from the East line
Section 31 Township 5-S Range 33-E NMPM County Roosevelt		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
4393' 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 ALTERING CASING		
TEMPORARILY ABANDON		
		_
PULL OR ALTER CASING L MULTIPL	E COMPL CASING/CEMENT J	OB L
DOWNHOLE COMMINGLE		
OTHER:	OTHER: MIT	x
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.		
12-22-10		
Perform MIT for extension of TA status. OCD representative Maxey Brown on location		
	This <b>Approval</b> Abandonment	of Temporary Expires 12-22-2013
	]	
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 TITLE Regulatory Analyst DATE 01-04-11		
Type or print name Tracie J Cherry E-mail address: PHONE 432/684-3692		
For State Use Only		
APPROVED BY CATE 1-6-2011		
Conditions of Approval (if any):		/

