Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103
Office Energy, Minerals and Natural Resources			NEW ABOVE	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	20484
District II 1301 W. Grand Ave., Artesia, NMR CEIVEONSERVATION DIVISION District III 1220 South St. Francis Dr.			30-041-20484 5. Indicate Type of Lease	
1000 Pt P P1 4 - 3740F410			STATE	FEE 🗴
District LV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas I	
87505 LOBBSOCO			24194	Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			7 Lease Name or I	nit Agreement Name:
(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.)			Lambirth A	Agreement Name.
1. Type of Well: Oil Well X Gas Well Other			8. Well Number	3
2. Name of Operator			9. OGRID Number	
Energen Resources Corporation			1	62928
3. Address of Operator			10. Pool name or Wildcat	
3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705			Peterson; Fusselman, South	
4. Well Location				
Unit Letter N:	760feet from theSon	uth line and	1980 feet from	the West line
Section 31		Range <b>33-E</b>	NMPM	County Roosevelt
	11. Elevation (Show whether		c.)	
	4425' G	R 4440' DF		
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
			•	
NOTICE OF INTENTION TO: SUB			SEQUENT REP	ORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK				ALTERING CASING [
TEMPORARILY ABANDON			ING OPNS. 🖂	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J		_
_	MOLTIFEE COMPE	OASING/CEMENT 3		
DOWNHOLE COMMINGLE				
				_
OTHER:	Ш	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.				
	Ť	his Approval of 1 bandonment Ex	Temporary 22	2013
	A	bandonment Exp	pires /2-22 -	- (0)
				7
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information a	above is true and complete to the	best of my knowledge	e and belief.	
SIGNATURE MILES	bery TIT	LE Regulator	ry Analyst [	OATE01-04-11
Type or print name <u>Tracie J Cher</u>	ry E-m	tracie.cherry@e nail address:	_	HONE <u>915 684-3692</u>
For State Use Only		_		
APPROVED BY TITLE STAFF MAZ DATE 1-6-2011				
Conditions of Approval (if any):	U			<u> </u>
				$\checkmark$

