

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-005-20808
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Energen Resources Corporation		6. State Oil & Gas Lease No. 023290
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705		7. Lease Name or Unit Agreement Name: Sanders
4. Well Location Unit Letter <u>E</u> : <u>1900</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>8</u> Township <u>8-S</u> Range <u>30-E</u> NMPM Chaves County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Cato San Andres West

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

10/10-14/02 MIRU swab rig. & RU hot oiler on tubing. Swabbed well dry in 3 runs recovering 50-80' of heavy oil & water per hour. Fluid turned to mostly clean water and fluid entry increased. Swabbed a total of 9 hrs. made a total of 12 runs and recovered 5 BO & 8BW. Switched well to sales line @ 120 MCF/day rate. Blew well down to water tank & resumed swabbing. IFL was @ 2900' FS. The sales rate came up to 290 MCF/day, well started flowing and unloading water. RD swab rig left well flowing.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sharon Hindman TITLE Regulatory Analyst DATE 12/10/2002

Type or print name Sharon Hindman Telephone No. 915 684-3693

(This space for State use)

APPROVED BY GARY W. WILK DATE DEC 13 2002  
OC FIELD REPRESENTATIVE II/STAFF MANAGER

Conditions of approval, if any: