

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

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. 30-041-20506
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 24194
7. Lease Name or Unit Agreement Name:  Lambirth "A"
8. Well No. 4
9. Pool name or Wildcat Peterson, Fusselman, South

**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 ☒ Gas Well ☐ Other

2. Name of Operator

Energen Resources Corporation

3. Address of Operator

3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705

4. Well Location

Unit Letter A : 560 feet from the North line and 560 feet from the East line

Section 31 Township 5-S Range 33-E NMPM County Roosevelt

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4377' GR

11. 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐

OTHER: T & A well ☒

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 recompletion.

Retested well to return well to T & A status w/OCD representative Billy Pritchard present on site 12/11/2002. Well held at 570 psi for 30 minutes.

Temporary  
Expiry Expires 12/19/07

COPIES  
STAMPED  
12/17/02

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 12/17/2002

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

(This space for State use)

APPROVED BY COPIES TITLE REGULATORY STAFF MANAGER DATE 12/17/02

Conditions of approval, if any: