Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-29307 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE X FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 027812 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit 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.) State F 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Energen Resources Corporation 6 3. Address of Operator 9. Pool name or Wildcat 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705 Saunders: Permo Upper Penn 4. Well Location 2120 North 400 feet from the West line and feet from the line Section 2 Township 15-S Range 33-E **NMPM** Lea County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. 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 \mathbf{X} ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: 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. 10/28/02 Rods were parted shallow. MIRU, PU, POOH w/rods & pump. ND wellhead & RIH w/107 jts 2 3/8" L-80 & J-55 tubing, EOT @ 9929'. Replaced parted 1" Fiberflex rod & 1 worn 1" Fiberflex rod at top. SO. HO L&P tubing to 500# w/19 BPW, tubing held and well pumped good. Return well to production. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE ___ TITLE Regulatory Analyst _DATE <u>12/10/2002</u> Type or print name Sharon Hindman Telephone No. 915 684-3693 (This space for State use)

TITLE

U. WELL REPOTSENTATIVE BURTATE M.

APPROVED BY_

Conditions of approval, if any:

DEC 1 3 2002