

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-025-32335
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name State "Q"
2. Name of Operator Energen Resources Corporation	8. Well No. 2
3. Address of Operator 3300 N. A St, Bldg 4, Ste 100, Midland, TX 79705	9. Pool name or Wildcat Saunders, San Andres (96196)
4. Well Location Unit Letter <u>K</u> : <u>1760</u> Feet From The <u>South</u> Line and <u>1760</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>15-S</u> Range <u>33-E</u> NMPM Lea County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4205.6' GL; 4219.5' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

(Acid job)
PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

Plan to move on and acidize the existing open-hole section of the San Andres from 4,932'-4,964' with 3,000 gallons of 15% HCL acid, swab to recover the load / clean-up, and return the well to normal production.

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

SIGNATURE Denise Menoud TITLE Prod. Tech. DATE 6/13/01

TYPE OR PRINT NAME Denise Menoud TELEPHONE NO. 915-687-1155

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Orig. Sign.
Paul Kautz
Geologist