

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<p align="center"><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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>WELL API NO. 30-025-35586</p>		
<p>2. Name of Operator Energen Resources Corporation</p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p>		
<p>3. Address of Operator 3300 N. "A" St. Bldg. 4, Ste 100, Midland, Texas 79705</p>		<p>6. State Oil &amp; Gas Lease No. 27820</p>		
<p>4. Well Location  Unit Letter <u>E</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line  Section <u>34</u> Township <u>15S</u> Range <u>35E</u> NMPM County <u>Lea</u></p>		<p>7. Lease Name or Unit Agreement Name:  West Lovington Strawn Unit</p>		
<p>10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3964' GL</p>		<p>8. Well No. 20</p>		
<p>11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> </td> <td style="width:50%; vertical-align: top;"> <p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> </td> </tr> </table>		<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>9. Pool name or Wildcat Lovington, Strawn, West</p>
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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.

Casing ran 10/11/2001

5 1/2" HCL-80 & L-80 17# R-3 casing was set @ 11,902' w/total of 50 centralizers. Pumped 20 BFW, 500 gals "SureBond" & 20 BFW as preflush. Mixed and cemented w/800 sx of Batch-mixed Class "H" cement w/3% KCL, 1% BA-58, 0.5% FL-52, 0.4% SMS, 0.3% CD-32, 0.2% R3, 3# Gilsonite & 1/4# sx Cello Flake w/a yield of 1.31, mixed @ 15.1 ppg, total slurry was 1048 ft. Reciprocated csg. throughout circulating and cmt process had good circ throughout job, plug down w/2100# @ 3:30 p.m. 10/11/01 floats did not hold cmt was designed to 9,000 FS, will find TOC w/a CBL during completion. Re-bumped plug & saw 1400# of diffenretial, shut csg in w/1400#, bled the csg down 2-300# every 2 hrs, left csg SI to WOC for total 8 hrs prior to cutting off. Released Patterson/UTI Rig #58 @ 3:00 a.m. 10/12/01.

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 10/15/01  
(915)

Type or print name Sharon Hindman Telephone No. 684-3693  
(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any:

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