Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 2040 Pacheco St.	WELL API NO.		
DISTRICT II Santa Fe, NM 87505	30-025-09379		
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No. 23267		
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.)	7. Lesse Name or Unit Agreement Name Langlie Lynn Queen Unit		
1. Type of Well:			
OIL GAS WELL OTHER			
2. Name of Operator	8. Well No.		
Energen Resources Coroporation	2		
3. Address of Operator	9. Pool name or Wildcat		
3300 N. A St, Bldg 4, Ste 100, Midland, TX 79705	Langlie Mattix 7 RVRS Queen/GB		
225 265	Feet From The East Line NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, R	eport, or Other Data		
The state of the s	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND CE	CASING TEST AND CEMENT JOB		
OTHER: OTHER:	OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	ding estimated date of starting any proposed		
01/31/2000: MIRU WSU, TIH & isolate casing leak, squeeze cas and test squeeze & casing. Re-perforate 7 Rivers/Queen, acid	ing leak. Drill out cement ize w/ 3,000 gals, RWTP.		

I hereby certify that the info	ormation above is true and complete to !	he best of my knowledge and	helief	
• •	•	, .		DATE 2/15/00
TYPE OR PRINT NAME	Denise Menoud			ТЕШЕРНОНЕ NO 915-687-207
(This space for State Use)	Anna I	y		
APPROVED BY			LE	DATE

CONDITIONS OF APPROVAL, IF ANY: