

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Energen Resources Corporation

3. Address and Telephone No.

3300 N. A St., Bldg. 4, Ste. 100, Midland, TX 79705 432/684-3693

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 660' FWL, Sec. 23, T-23S, R-36E, NMPM

5. Lease Designation and Serial No.

~~MINN1055X~~ 8910123976

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Langlie

Lynn Queen Unit No. 12

9. API Well No.

30-025-20052

10. Field and Pool, or Exploratory Area

37240

11. County or Parish, State

Lea County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

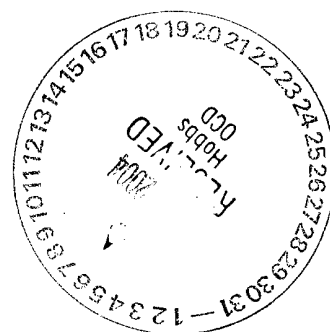
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☒ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

See attached approved C-103.



14. I hereby certify that the foregoing is true and correct

Signed

Carolyn Larson

Title Regulatory Analyst

Date 3/25/04

(This space for Federal or State office use)

Approved by

Conditions of approval (if any) SGD, DAVID H. GLASS Title _____

Date _____

MAR 31 2004

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

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
1001 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-20052
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 23267
7. Lease Name or Unit Agreement Name: Langlie Lynn Queen Unit
8. Well No. 12
9. Pool name or Wildcat Langlie Mattix 7 RVRS/Queen/GB

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 WIW

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 D : 660 feet from the North line and 660 feet from the West line
Section 23 Township 23S Range 36E NMPM County Lea

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:

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: Well converted to WIW - Run MIT test ☐

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.

Work performed to convert well to injection 4/21-28/00. Permit approved for injection 12/19/01 WFX-521. WFX-581. Performed casing integrity test on 2/5/02, chart attached. Plan to start water injection prior to 03/01/2002.

Handwritten note: "See attached chart for wellbore diagram"

WFX-780

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 02/11/2002

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

(This space for State use)

APPROVED BY GARY W. WINK DATE FEB 28 2002
Conditions of approval, if any: OC FIELD REPORT REQUIRED

STCN

Handwritten checkmark

