Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-20052 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE  $\square$ 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 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.) Langlie Lynn Queen Unit 1. Type of Well: Oil Well X Gas Well Other 8. Well No. 2. Name of Operator 12 Energen Resources Corporation 9. Pool name or Wildcat 3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705 Langlie Mattix 7 RVRS/Queen/GB 4. Well Location 660 North 660 West Unit Letter feet from the line and feet from the line **NMPM** Township 23S Range 36E County Section 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: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT CASING TEST AND MULTIPLE** PULL OR ALTER CASING COMPLETION **CEMENT JOB** OTHER: Convert to Injection 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. MIRU WSU, pull all production equipment. TIH w/ 2/1/2 RBP to 3,500', pressure test casing to 500# for 30 mins. POOH & reperf the 7 RVRS/ Queen. Acidize w/ 3,000 gals 15% HCL. Run injection packer & tubing. Perform casing integrity test and begin water injection after approval of permit. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Production Tech. DATE <u>04/13/2000</u> SIGNATURE. Type or print name Denise Menoud Telephone No. (915)687-2074 (This space for State use) DATE FLESS TITLE APPROVED BY\_ Conditions of approval, if any:

2