State of New Mexico Form C-103 Submi Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-20191 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE [] 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 23267 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: Other WIW Oil Well Gas Well 8. Well No. 2. Name of Operator 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 North ____line and ___ 1980 feet from the_ 660 Unit Letter _ feet from the Section 26 Township 23S Range 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 SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS TEMPORARILY ABANDON** ABANDONMENT PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: 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 recompilation. Well previously ready for injection 3/24/00. Injection permit approved 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. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Analyst _____DATE __02/11/2002 SIGNATURE. 0.000 1 BY Telephone No. (915) 684-3693 Type or print name Sharon Hindman PETROLEUM ENGINEER (This space for State use) FEB 1 4 2002

TITLE

DATE

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APPROVED BY

Conditions of approval, if any:

