

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

| | |
|------------------------------|--|
| WELL API NO. | 30-025-20191 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/> |
| 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.)

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| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Converting to WIW | 7. Lease Name or Unit Agreement Name Langlie Lynn Queen Unit |
| 2. Name of Operator Energen Resources Corporation | 8. Well No. 14 |
| 3. Address of Operator 3300 N. A St, Bldg 4, Ste 100, Midland, TX 79705 | 9. Pool name or Wildcat Langlie Mattix 7 Rvrs/Queen GB |
| 4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>23S</u> Range <u>36E</u> NMPM Lea County | |

10. Elevation (Show whether DF, 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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

MIRU WSU, pressure test casing to 500 psi for 30 minutes. Recover RBP @ 3,370', drill out CIBP @ 3,605'. Re-perforate the 7 Rivers / Queen, acidize w/ 3,000 gals. Run injection packer and tubing, perform casing integrity test and begin water injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Menoud TITLE Prod. Tech. DATE 3/13/00
TYPE OR PRINT NAME Denise Menoud TELEPHONE NO. 915-687-2074

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: