Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROYED Budget Buresa No. 1004-0135 Expires: March 31, 1993

5. Lease Designation and Serial No.

8<del>9101239</del>70 420 37/39 SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE NMNM70971A 1. Type of Well Well Gas Well Offer Injection 8. Well Name and No. 2. Name of Operator Langlie Lynn Queen Unit Energen Resources Corporation 3. Address and Telephone No. 687-2074 30-025-20191 3. Address and Telephone No. (915) 3300 N. A St, Bldg 4, Ste 100, Midland, TX 79705 10. Field and Pool, or Exploratory Area Langlie Mattix 7 RVRS Queen Grayburg 11. County or Parish, State 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 26, T-23S, R-36E, Unit-B 660' FNL & 1980' FEL Lea 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Abandonment Change of Plans Recompletion New Construction Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water (Note: Report results of multiple completion on \* c? Completion or Recompletion Report and Log form: 1) Describe Proposed or Completed Operations (Ciearly state all pertinent details, and give pertinent dates, including surround date of carring any proposed work. If well is directionally drived. give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work )\* Chart dated 12/23/99, witnessed by Marlan Deaton with BLM, failed the Mechanical Integrity Test. Casing was on vacuum after test, possible casing or CIBP leak. Request permissitt to temporarily abandon. Intend to repair and return well to injection within the first quarter of year 2000. TH = 3/31/2000 14. I hereby certify that the foregoing is true and correct 1/18/2000 Production Tech. Title (This space for Federal or State office use) Approved by Conditions of approval, if eny:

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



Form 3160-9 (December 1989)

## **BLM COPY**

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| Number  | AJM-053-00   |

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| $\overline{\boxtimes}$ | Certified Mail - Return<br>Receipt Requested<br>Z 577 000 802 |  |
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## UNITED STATES

Identification

| Certified Mail - Return Receipt Requested Z 577 000 802                                                 | DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT                                                                                                                                                                                       |                                                                        |                                                               |                                                    | IID 8<br>Lease                                       | Lease                                              |  |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|----------------------------------------------------|--|
| Hand Delivered Received by                                                                              | NOTICE OF INCIDEN                                                                                                                                                                                                                             | NTS OF NO                                                              | NCOMPL                                                        | IANCE                                              | CA<br>Unit N                                         | IMNM70971A                                         |  |
| Bureau of Land Management Office                                                                        |                                                                                                                                                                                                                                               | Operator                                                               |                                                               |                                                    | ·····                                                |                                                    |  |
|                                                                                                         | NSPECTION OFFICE                                                                                                                                                                                                                              |                                                                        | ENERGEN R                                                     |                                                    |                                                      |                                                    |  |
| Address 414<br>HO                                                                                       | WEST TAYLOR<br>BBS NM 88240                                                                                                                                                                                                                   | Address                                                                | 3300 N. A S<br>MI                                             | TREET, BLI<br>DLAND TX                             | DG. 4, SUITE<br>79705                                | 100                                                |  |
| Telephone                                                                                               | 505.393.3612                                                                                                                                                                                                                                  | Attention                                                              | Denise                                                        | Menoud                                             |                                                      |                                                    |  |
| Inspector                                                                                               | drea Massengill                                                                                                                                                                                                                               | Attn Addr                                                              |                                                               |                                                    |                                                      |                                                    |  |
| Site Name                                                                                               | Well or Facility                                                                                                                                                                                                                              | Township                                                               | Range                                                         | Meridian                                           | Section                                              | 1/4 1/4                                            |  |
| LANGUE LYNN Q                                                                                           | N 14                                                                                                                                                                                                                                          | 23S                                                                    | 36E                                                           | NMP                                                | 26                                                   | NWNE                                               |  |
| THE FOLLOWING VIOLA                                                                                     | TION WAS FOUND BY BUREAU OF LAND N                                                                                                                                                                                                            | MANAGEMENT INS                                                         | PECTORS ON TI                                                 | IE DATE AND                                        | AT THE SITE L                                        | ISTED ABOVE                                        |  |
| Date                                                                                                    | Time (24 - hour clock)                                                                                                                                                                                                                        |                                                                        | Violation                                                     |                                                    | Gravity                                              | of Violation                                       |  |
| 12/16/1999                                                                                              |                                                                                                                                                                                                                                               | 43                                                                     | CFR 3162.3-4(C)                                               |                                                    | MINOR                                                |                                                    |  |
| Corrective Action To<br>Be Completed By                                                                 | Date Corrected                                                                                                                                                                                                                                | Assessin                                                               | nent for Noncomplia                                           | ance                                               | Assessme                                             | nt Reference                                       |  |
| 01/20/2000                                                                                              |                                                                                                                                                                                                                                               |                                                                        |                                                               |                                                    |                                                      | 43 CFR 3163.1()                                    |  |
| When violation is corrected, sign this                                                                  | polition and return to above address                                                                                                                                                                                                          |                                                                        |                                                               |                                                    |                                                      | ****                                               |  |
|                                                                                                         |                                                                                                                                                                                                                                               | Signature 5                                                            | d. 7000                                                       | (                                                  | Date                                                 | 1/18/2000                                          |  |
|                                                                                                         | roduction Tech.<br>3160-5 attached asking f                                                                                                                                                                                                   |                                                                        |                                                               | <del></del>                                        | otus unti                                            |                                                    |  |
|                                                                                                         | irst quarter of year 200                                                                                                                                                                                                                      |                                                                        | ry abandor                                                    | iment Sta                                          | acus unci                                            | ı weii                                             |  |
|                                                                                                         |                                                                                                                                                                                                                                               |                                                                        |                                                               |                                                    |                                                      | <del></del>                                        |  |
| earlier. Each violation must be c<br>address shown above. Please not                                    | ection and reporting timeframes begin upon re<br>prected within the prescribed time from receive<br>that you already may have been assessed fo<br>"Corrective Action To Be Completed By" you<br>All self-certified corrections must be postma | ipt of this Notice and<br>or noncompliance (see<br>ou may incur an add | d reported to the .<br>ee amount under '<br>itional assessmen | Bureau of Land<br>'Assessment fo<br>t under (43 CF | a Management of<br>or Noncomplian<br>R 3163.1) and r | office at the<br>ce"). If you do<br>nay also incur |  |
| Section 109(d)(1) of the Federal<br>Title 43 CFR 3163.2(f)(1), providentices, affidavits, record, data, | Oil and Gas Royalty Management Act of 198 des that any person who "knowingly or willfu or other written information required by this p to exceed a maximum of 20 days.                                                                        | 2, as implemented b                                                    | by the applicable pains, or submits,                          | provisions of the                                  | ne operating reg                                     | ulations at<br>greports,                           |  |
| receipt of the Incidents of Nonco                                                                       | REVIEW AN nall request a State Director review of the Inc mpliance with the appropriate State Director 4015 Wilson Blvd., Arlington VA 22203 (se                                                                                              | (see 43 CFR 3165.3                                                     | liance. This requi                                            | ctor review de                                     | cision may be a                                      | ppeared to the                                     |  |
| Signature of Bureau of Land Manage                                                                      | ment Authorized Officer Stephen                                                                                                                                                                                                               | T Cally                                                                | /                                                             | Date /2                                            | -16-99                                               | 0 8 00                                             |  |
|                                                                                                         | EOD O                                                                                                                                                                                                                                         | FEICE USE OVIN                                                         | /                                                             |                                                    |                                                      |                                                    |  |

| Signature of Bureau of Land | Management Authorized Officer | Steph J Ca | Her     | Date /2-/6-99 0 8 00 |  |
|-----------------------------|-------------------------------|------------|---------|----------------------|--|
| FOR OFFICE USE OF LY        |                               |            |         |                      |  |
| Number                      | Date                          | Assessment | Penalty | Termination          |  |
| 53                          |                               |            |         |                      |  |
| Type of Inspection          |                               |            |         |                      |  |
| PI                          |                               |            |         |                      |  |

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