

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
En. of, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-21067
5. Indicate Type of Lease <u>Federal</u> 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. 15
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Convert to Producer	
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 <u>B6</u> : 1980 Feet From The North Line and 1980 Feet From The East Line Section 26 Township 23S Range 36E 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: Convert from WIW to Producer <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 @ 3,368'.
Re-perforate the 7 RVRs/Queen @ 3,416'-24', @ 3,432'-44', and @ 3,462'-68'. Acidize
w/ 3,000 gals. Run tubing and rods, place well on production.

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 3/13/2000
TYPE OR PRINT NAME Denise Menoud TELEPHONE NO. 915-687-207

(This space for State Use)

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