

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Energen Resources Corporation

3. Address and Telephone No.

3300 N. A St., Bldg. 4, Ste. 100, Midland, TX 79705 432/684-3693

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980' FWL, Section 26, T-23S, R-36E, NMPM

5. Lease Designation and Serial No.

~~NMPM 91055X~~ 891012397

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Langlie

Lynn Queen Unit No. 16

9. API Well No.

30-025-21229

10. Field and Pool, or Exploratory Area

37240

11. County or Parish, State

Lea County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

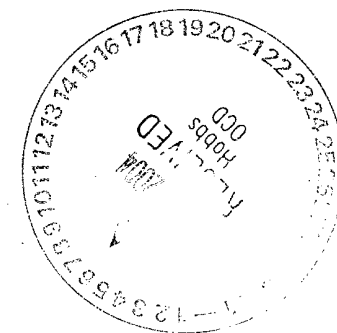
TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☒ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Approved C-10 is attached. Injection permit approved 12/19/01



14. I hereby certify that the foregoing is true and correct

Signed

Carolyn J. Larson

Title Regulatory Analyst

Date 3/25/04

(This space for Federal or State office use)

Approved by

DAVID E. GLASS

Title _____

Date _____

Conditions of approval, if any:

MAR 31 2004

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

PETROLEUM ENGINEER

*See Instruction on Reverse Side

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-21229
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other WIW		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Energen Resources Corporation		6. State Oil & Gas Lease No. 23267
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705		7. Lease Name or Unit Agreement Name: Langlie Lynn Queen Unit
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>26</u> Township <u>23S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well No. 16
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Langlie Mattix 7 RVRS/Queen/GB

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

12/19/01 Unit Permit approved for injection WFX-521, WFX-581.
02/13/02 Isolate csg leak between 864' & 885'.
02/14/02 Squeeze leak w/5 bbls of SqueezeCrete to 14.0 ppg w/a 1.58 yield. Spot 5 bbls SqueezeCrete & POOH w/tbg. Closed blind rams on BOP, loaded hole & displace/hesitate 2 bbls of cmt into leak over 2 hr period. Squeezed up to 650# which bled down to 550# and held stable.
02/18/02 Drill out soft/medium hard cmt down to 761' & tested csg to 550# for 15 min. w/no leak continue to drill hard cmt & fell through @ 908'. Drilled, washed stingers, circ hole clean & pressure tested csg to 520# for 30 min w/no leak.
02/19/02 Ran 4 1/2" Lok-set pkr & 108 jts 2 3/8" J-55 injection tbg. EOT @ 3423', pressured csg to 500# left pressure on csg SDON.
02/20/02 Ran MIT on csg to 350# for 30 min w/Buddy Hill w/NM OCD as witness. Clean location and turn well to injection ASAP.

WFX-780

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

SIGNATURE Sharon Hindman TITLE Regulatory Analyst DATE 02/25/2002

Type or print name Sharon Hindman Telephone No. (915)684-3693

(This space for State use)

APPROVED BY _____
Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY WILKINSON
OC FIELD REPRESENTATIVE
DATE FEB 28 2002

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