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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
5. Lease Designation and Serial No.	
6. If Indian, Allottee or Tribe Name NA	
7. If Unit or CA, Agreement Designation 8910123970	
8. Well Name and No. Langlie Lynn Queen Unit	
9. API Well No. 30-025-34917	
10. Field and Pool, or Exploratory Area Langlie Mattix 7 RVS/Q/GB	
11. County or Parish, State Lea	

**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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Langlie Lynn Queen Unit
2. Name of Operator Energen Resources Corporation	9. API Well No. 30-025-34917
3. Address and Telephone No. 3300 N. A St, Bldg 4, Ste 100, Midland, TX 79705	10. Field and Pool, or Exploratory Area Langlie Mattix 7 RVS/Q/GB
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2130' FNL & 657' FWL, Unit E, Sec 26, T-23S, R-36E, Lea County, NM.	11. County or Parish, State Lea

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.)\*

(cont. from page 1 of 2)

RIH w/2 x 1 1/2 x 16 RHBC pump & 135-7/8" rods. Tested tbg to 500#, held OK. RDPV.  
Tied into TB @ 5:00 p.m., 08/14/00. IP: 27 BO/ 94 BW/ 20 MCF.

14. I hereby certify that the foregoing is true and correct		
Signed <u>Denise Menoud</u>	Title <u>Production Tech.</u>	Date <u>10/26/00</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

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.

\*See instruction on Reverse Side