

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

Energex Resources Corporation

3. Address and Telephone No.

3300 N. A St, Bldg 4, Ste 100, Midland, TX 79705

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

1832' FSL & 1980' FWL, Unit K, S-26, T-23S, R-36E,  
Lea County, NM.

5. Lease Designation and Serial No.

LC-030139 B

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

8910123970

8. Well Name and No.

Langlie Lynn Queen Unit #22

9. API Well No.

30-025-34918

10. Field and Pool, or Exploratory Area

Langlie Mattix 7 RVS/Q/GB

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input checked="" type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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.)\*

Spudded @ 4:30 p.m., 07/17/00. 8 5/8" J-55 24# ST&C R-3 csg was set @ 1277' & cmt'd to surface w/450 sx 65/35 Poz/C w/6% Gel, 2% CaCl<sub>2</sub>, & 1/4# CelloFlake sack w/a yield of 1.87 mixed @ 12.7 ppg. Tailed w/200 sx C1 C cmt w/2% CaCl<sub>2</sub> & 1/4# CelloFlake sack w/a yield of 1.35 mixed @ 14.8 ppg, total slurry vol 1112 cu.ft. The plug was down w/700# @ 2:45 a.m., 07/19/00. The float held good. Tested csg to 1M# w/no leak-off. Reached TD of 3865', 07/26/00. 5 1/2" J-55 15.5# LT&C R-3 csg was set @ 3865', centralized up to 2969' w/24 centralizers & cmt'd w/400 sx 50/50 Poz/C w/10% Gel, 1% FL62, 1% CaCl<sub>2</sub>, 0.2% SMS, 0.3% CD32, 5# Gilsonite, & 1/4# CelloFlake w/a yield of 2.28 mixed @ 12.05 ppg. Tailed w/225 sx 50/50 Poz/C w/5% Salt, 0.5% FL62, 0.7% CD32, 0.2% SMS, 5# Gilsonite, & 1/4# of CelloFlake sx w/a yield of 1.28 mixed @ 14.3 ppg. The total of both slurries was 1204 cu.ft. The plug was down w/1350# @ 12:30 a.m., 07/27/00. The floats held good. Ran a CNL/GR/CCL & a CBL/GR/CCL, found TOC @ 150' FS. Tested csg to 3M# for 15 mins w/no leak-off. Pumped 400 gals 15% HCL, 500 gals Xylene, & 115 bbls 2% KCL water. Perf'd @ 3471'-3696', total of 60 - 0.44" holes. Acidized w/4M gals 15% HCL/DI acid. RIH w/ 121 jts 2 3/8" J-55 4.7# EUE 8rd R-2 tbg, EOT @ 3729'. RIH w/2 x 1 1/2 x 16 RHBC pump & 147-7/8" rods. Tested tbg to 500#, held OK. RDP, tied into TB @ 2:00 p.m., 08/16/00.  
IP: 0 BO/ 130 BW/ 15 MCF.

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

Signed Denise Menoud

Title Denise Menoud  
Production Tech.

Date 10/26/00

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

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

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2