

Submit 3 Copies  
to / by / to  
District Office

State of New Mexico  
Energy 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  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.	30-025-11411
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	24695
7. Lease Name or Unit Agreement Name	Stuart Langlie Mattix Unit
8. Well No.	107
9. Pool name or Wildcat	Langlie Mattix 7RVRS Queen Grayburg

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection	
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 N : 660 Feet From The South Line and 1980 Feet From The West Line Section 2 Township 25S Range 37E 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 type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CAS NG <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Mechanical Integrity Test <input checked="" 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.

Chart dated 2/7/01 shows pressure held at 470#.

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

SIGNATURE Verna Dawson TITLE Regulatory Analyst DATE 7/12/01  
TYPE OR PRINT NAME Verna Dawson TELEPHONE NO 915-687-1155

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY

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