

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-11516
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 24695

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 <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: Stuart Langlie Mattix Unit
2. Name of Operator Energen Resources Corporation	8. Well No. 115
3. Address of Operator 3300 N. "A" St., Bldg 4, Ste. 100, Midland, TX 79705	9. Pool name or Wildcat Langlie Mattix 7 RVRS Queen
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>West</u> line Section <u>10</u> Township <u>25-S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3138' KB	

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER:

☐ OTHER: Return well to injection ☒

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 recompilation.

Installed injection wellhead and started injecting water into well.

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 9/11/2002

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

(This space for State use)

ORIGINAL SIGNED BY

GARY W. WINKLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE SEP 13 2002

APPROVED BY _____
Conditions of approval, if any: