

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.
30-025-22771

5. Indicate Type of Lease

STATE ☐ FEE ☒6. State Oil & Gas Lease No.
24695

7. Lease Name or Unit Agreement Name:

Stuart Langlie Mattix Unit

8. Well No.
1259. Pool name or Wildcat
Langle Mattix 7 RVRS Queen

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 ☐ Gas Well ☐ Other Injection

2. Name of Operator

Energen Resources Corporation

3. Address of Operator

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

4. Well Location

Unit Letter C : 100 feet from the North line and 1650 feet from the West lineSection 10 Township 25S Range 37E NMPM Lea County10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3133' GR

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: Bradenhead Squeeze ☒

SUBSEQUENT REPORT OF:

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

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.

This well has failed its most recent MIT test due to a small trickle of water from the 5 1/2" X 8 5/8" annulus.

Energen plans to do a Bradenhead squeeze w/200 sacks of Class "C" Neat cement, which will completely displace the 5 1/2" X 8 5/8" annulus w/cement.

Energen will then re-pressure test the 5 1/2" casing and show no-flow from the Surface casing.

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

SIGNATURE Sharon Hindman TITLE Sharon Hindman DATE 03/14/2002Type 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

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

MAR 20 2002