Submit 3 Copies To Appropriate District Office		State of New Mexico Ener ₆ y, Minerals and Natural Resources				Form C-103			
District I 1625 N. French Dr., Hobbs, NM 87240	<i>C</i> , ,	arai resources	Revised March 25, 1999 WELL API NO.						
District II 811 South First, Artesia, NM 87210	OIL CONSERVA	NOIVISION	30-025-22772						
District III	2040 Sou		5. Indicate Type of Lease						
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE FEE X					
2040 South Pachecc, Santa Fe, NM 87505				6. State Oil & Gas Lease No. 24695					
SUNDRY NOT (DO NOT USE THIS FORM FOR PRO DIFFERENT RESERVOIR. USE "APPI PROPOSALS.)	7. Lease Name or Unit Agreement Name:								
1. Type of Well: Oil Well Gas Well	ell Other Injection				Stuart Langlie Mattix Unit				
2. Name of Operator	Other Injection								
Energen Resources Corporation	າກ			8. Well No.					
3. Address of Operator	11			126	W.11				
3300 N. "A" St., Bldg 4, Ste	9. Pool name or Wildcat Langlie Mattix 7 RVRS Queen								
4. Well Location	i Langi le matti.	<u>x / RVRS Que</u>	<u>:en</u>						
Unit LetterA :	100 feet from the	No	rth line and	660 feet f	from the E	ast line			
Section 10	Township 25	- S	Range 37E	NMPM	County	100			
	10. Elevation (Show whether DR, RKB, RT, GR, etc.				County	Lea			
11 Ch1-	A		39' DF						
NOTICE OF INT	Appropriate Box to Ind	licate	Nature of Notice,	Report, or Oth	er Data				
NOTICE OF INT	= -			SEQUENT RI	EPORT OF				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	Ш	REMEDIAL WORK		ALTERIN	IG CASING			
TEMPORARILY ABANDON	COMMENCE DRILLII				PLUG AN		J		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			ANIME 14 I			
OTHER:			OTHER: Return we	ll to injection	.	Г V	~		
 Describe Proposed or Complet of starting any proposed work). or recompilation. 	ed Operations (Clearly state . SEE RULE 1103. For Mu	all p	ertinent details, and air	ua nartinant dasa	1 12	imated date ompletion	٤		
_									
9/9/2002 Laid new inject	ion line, installed in	ject	ion wellhead and st	tarted injectir	ng water int	o well.			
				·					
	B B								
	Per Rex, well	inj	ecting 90% on	vac					
	G T2-50 RMbD	. W	ien on pump, ha	S					
	200# on the and	l ta	kes 150-160 BW	PD &					
	700 psi. T	(t	o:Sylvia Dicke	ν) - Ε					
	•	, -	or by the broke,	"A>					
				10					
I hombu and Grahand Committee	-								
I hereby certify that the information above	s is true and complete to the be	st of n	ny knowledge and belief.						
SIGNATURE Mayon	Hudma.	TITL	Regulatory Ana	lyst	DATE <u>10/</u>	02/2002			
Type or print name Sharon Hindman				Teleph	one No. 915	<u>684</u> -3693			
(This space for State use)									
111110 1 ED D 1	AL SIGNED BY	TITL	F.	τ.	, DC7	14 2002			
Conditions of approval if an GARY VI	. WINK D REPRESENTATIVE IL/STA			I	DATE				