

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

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

**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

2. Name of Operator  
KERR MCGEE OIL & GAS ONSHORE LLC

3. Address of Operator  
P.O. Box 809004 DALLAS, TEXAS 75380--9004

4. Well Location  
Unit Letter F : 1995 feet from the NORTH line and 1712 feet from the WEST line  
Section 36 Township 21S Range 23E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3845' GL

WELL API NO.  
30-015-10342

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E 10170

7. Lease Name or Unit Agreement Name:  
LOWE STATE GAS COM

8. Well No.  
1

9. Pool name or Wildcat  
INDIAN BASIN MORROW (PRO GAS)

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: SHUT IN NOTICE ON WELL <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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

WELL DEVELOPED DOWNHOLE PUMP PROBLEMS. WATER DISPOSAL FACILITY IS NOT IN SERVICE AT THIS TIME PREVENTING AN UPGRADE IN THE PUMP. GAS PRODUCTION DROPPED OFF.

WELL SHUT IN 9/11/99 PENDING ADDITIONAL EVALUATION AND POSSIBLE WATER FACILITY & PUMP UPGRADES.

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

SIGNATURE Rod L. Bailey TITLE PRORATION MANAGER DATE 6/30/00

Type or print name ROD L. BAILEY

Telephone No. 972 715-4828

(This space for State use)

APPROVED BY Mrs. Stillfield TITLE Field Rep II DATE 7/21/00  
Conditions of approval, if any: