

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

CISF  
 EP

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-10342
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator KERR MCGEE OIL & GAS ONSHORE LLC		6. State Oil & Gas Lease No. E 10170
3. Address of Operator P.O. Box 809004 DALLAS, TEXAS 75380--9004		7. Lease Name or Unit Agreement Name: LOWE STATE GAS COM
4. Well Location Unit Letter <u>F</u> : <u>1995</u> feet from the <u>NORTH</u> line and <u>1712</u> feet from the <u>WEST</u> line Section <u>36</u> Township <u>21S</u> Range <u>23E</u> NMPM County <u>EDDY</u>		8. Well No. 1
9. Pool name or Wildcat INDIAN BASIN MORROW (PRO GAS)		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3845' GL		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: SHUT IN NOTICE ON WELL <input checked="" type="checkbox"/>	
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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: