

CLSF
up

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 20--15-30401
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Parkway West 28
2. Name of Operator Ocean Energy, Inc	8. Well No. 4
3. Address of Operator 410 17th Street, Suite 1400, Denver, Colorado 80202	9. Pool name or Wildcat Strawn
4. Well Location Unit Letter <u>C</u> : <u>990'</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>19S</u> Range <u>29E</u> NMPM <u>Eddy</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3335'

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

11. NOTICE OF INTENTION TO: 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"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMEN <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>
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12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work).
SEE RULE 1103.

Surface Casing

13-3/8", 48#, H-40 @ 360'. Cemented with 200 sx "H" and 305 sx "C". Circulated to surface. Centralizers placed 5' above shoe and on every ot WOC 12 hrs. Tested to 500 psi for 30 minutes, held OK.

Intermediate Casing:

8-5/8", 32#, K-55 @ 3217'. Cemented with 1000 sx "C". 10 centralizers used, placed 5' above shoe then oneveryother joint. WOC 18 hrs, tested to 500 psi 30 minutes, held OK.

Production Casing:

4-1/2", 11.6#, N-80 @10600'. Cemented with 600sx "H".
20 centralizers used, one 5' above shoe then every other joint.

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

SIGNATURE <u>Scott M. Webb</u>	TITLE <u>Regulatory Coordinator</u>	DATE <u>02/04/99</u>
TYPE OR PRINT NAME <u>Scott M. Webb</u>	TELEPHONE NO. <u>(303) 573-4721</u>	

(This space for State Use)

APPROVED BY <u>Jim W. Gunn</u>	TITLE <u>District Supervisor</u>	DATE <u>3-8-99</u>
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CONDITIONS OF APPROVAL, IF ANY: