

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
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

WELL API NO.  
**30-015-29657**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**23447**

7. Lease Name or Unit Agreement Name:  
**Artesia State Com.**

8. Well No.  
**4**

9. Pool name or Wildcat

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**GR 3521'**

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  
**Ocean Energy, Inc.**

3. Address of Operator  
**1001 Fannin, Suite 1600, Houston, Texas 77002**

4. Well Location  
Unit Letter **C** : **990'** feet from the **North** line and **1980'** feet from the **West** line

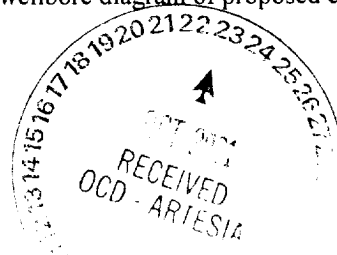
Section **23** Township **18S** Range **28E** NMPM **Eddy** County

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: Recomplete to Wolfcamp <input 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.

**10/19-21/01 Recomplete per the attached. This work has been done.**



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

SIGNATURE *Jeanie McMillan* TITLE Regulatory Specialist DATE 10/22/01

Type or print name Jeanie McMillan Telephone No. (713) 265-6834; fax (713) 265-8086  
(This space for State use)

APPROVED BY Well to be shut in w/o clay DATE DEC 18 2001  
Conditions of approval BA

FOR RECORD ONLY