Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

| Form C-103 C Revised 1-1-89 | 12 |
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| Revised 1-1-89 | \mathcal{A} |

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|----------|-------|--------|----|------|
| P.O. Box | 1980, | Hobbs, | NM | 8824 |

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

| Form C-103 (| , |
|----------------|---|
| Revised 1-1-89 | |
| | |

WELL API NO.

| DISTRICT II Santa Fe, New Mexico | 87504-2088 N/A | | |
|---|--|--|--|
| P.O. Drawer DD, Artesia, NM 88210 | 5. Indicate Type of Lease STATE XX FEE | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | 6. State Oil & Gas Lease No. | | |
| 1000 100 Diazo Ruj Azoc, Itili 07410 | STATE LG-2857 | | |
| SUNDRY NOTICES AND REPORTS ON WEI | RECEIVED | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.) | HMII | | |
| 1. Type of Well: | MAY 30 '90 | | |
| OIL GAS X OTHER | I AVELIOOD OFFATTE | | |
| 2. Name of Operator | LAKEWOOD STATE 8. Well No. | | |
| KERR MCGEE CORPORATION | ARTESIA, OFFICE | | |
| 3. Address of Operator | 9. Pool name or Wildcat | | |
| ONE MARIENFELD PLACE, SUITE 200 MIDLAND | TEXAS 79701 ANGELL RANCH (MORROW-ATOKA) | | |
| 4. Well Location | , TOTAL TOTAL (MONTH CARLES (M | | |
| Unit Letter K: 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line | | | |
| | inge 27E NMPM EDDY County | | |
| 10. Elevation (Show whether GL-3462' | DF, RKB, RT, GR, etc.) | | |
| 11. Check Appropriate Box to Indicate | Nature of Notice, Report, or Other Data | | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON | REMEDIAL WORK X ALTERING CASING | | |
| TEMPORARILY ABANDON CHANGE PLANS ` | COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT . | | |
| PULL OR ALTER CASING | CASING TEST AND CEMENT JOB | | |
| OTHER: | OTHER: | | |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, as work) SEE RULE 1103. | ad give pertinent dates, including estimated date of starting any proposed | | |

PLEASE SEE ATTACHED WORKOVER REPORT.

| \sim | | | | |
|---------------------------------------|---|---------------|------------------|---------------|
| I hereby certify that the information | n above is true and complete to the best of my knowledg | e and belief. | | |
| SIGNATURE SIGNATURE | de Wooten | - TMLE | Engineering Tech | DATE 5/25/90 |
| TYPE OR PRINT NAME L | inda Wooten | | (915) 688-7017 | TELEPHONE NO. |
| (This space for State Use) | ORIGINAL SIGNED BY | | | 4 4000 |
| APPROVED BY | MIKE WILLIAMS SUPERVISOR, DISTRICT IF | - TITLE | | MAY 3 1 1990 |

MAY 29 1990
OCE
HOSES CAREE