

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

WELL API NO.
30-015-30086

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
008561

7. Lease Name or Unit Agreement Name:
LOWE STATE

8. Well No.
3

9. Pool name or Wildcat
INDAIN BASIN (UPPER PENN)

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 TX 75380-9004

4. Well Location
Unit Letter P : 835 feet from the SOUTH line and 660 feet from the EAST line
Section 36 Township 21S Range 23E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3851 GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

The purpose of this report is to advise that we have successfully repaired the casing in this wellbore.

Please see the attached Operations Summary Report for details of this procedure.



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

SIGNATURE Beverly Lakin TITLE PRORATION ANALYST DATE 10-06-00

Type or print name Beverly Lakin

Telephone No. 972 715-4830

(This space for State use)

APPROVED BY Mike Stillfield TITLE Field Rep. II DATE 10/18/2000
Conditions of approval, if any: