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Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
District 1 1625 N. French Dr., Hobbs, NM 88240  Energy, Minerals and Natural Resources	Revised March 25, 1999 WELL API NO.
District II 1301 W. Grand Avenue, Artesia, NM 88210 OIL CONSERVATION DIVISION	015-32190 5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. 193805
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPER OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR C-10 POR UC) PROPOSALS.)	SOUTH CARLSBAD
1. Type of Well:	
Oil Well Gas Well Other  2. Name of Operator  NEWFIELD EXPLORATION MID CONTINENT	8. Well No. #6
3. Address of Operator 110 WEST 7TH ST SUITE 1300, TULSA, OKLAHOMA 74119	9. Pool name or Wildcat
4. Well Location	CARLSBAD MORROW SOUTH
Unit Letter F: 1976 feet from the NORTH line and 145	feet from the WEST line
Section 27 Township 23S Range 26E	NMPM EDDY County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3265' GR	
11. Check Appropriate Box to Indicate Nature of Notice, I	Report or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:  ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING MULTIPLE CASING TEST AN CEMENT JOB	ABANDONMENT L
OTHER: 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.	
PERFORATE AND STIMULATE ADDITIONAL MORROW ZONES. COMM	INGLE ALL MORROW ZONES.
Proposed I 11330'-36', 66'-90', 4jspf, 120 holes Proposed II 10886'-92', 10940'-46', 92'-94', 11010'-18', 4jspf, 88 holes	
Proposed II 10866-92, 10940-46, 92-94, 11010-16, 4jspi, 88110les  Proposed III 10802'-09', 4jspf, 28 holes — 🕅 🗸 🕻 🧸	
WORK TO BEGIN AS SOON AS APPROVALS ARE OBTAINED.	
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
SIGNATURE TITLE PRODUCTION A	ANALYST DATE 10/23/02
Type or print name DEBBIE RISINGER	Telephone No. (580) 243-4101
(This space for state, use) Lim W. Sum (1)	haras and
APPPROVED BY TITLE Conditions of approval, if any: DHC approval required	DAT DEC 3 0 2802
12110 -claimed	