

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CISF  
BP

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

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.  
30-015-30583

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
24520

**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 A PERMIT TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name  
LOWE STATE

1. Type of Well:  
OIL WELL  GAS WELL

8. Well No.  
# 5

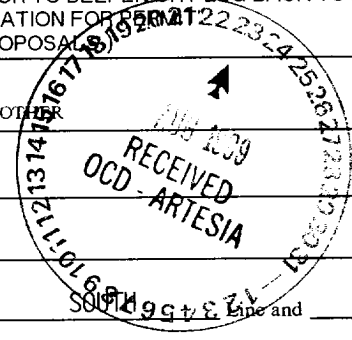
2. Name of Operator  
KERR-McGEE CORPORATION

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

3. Address of Operator  
P.O. Box 2880, Dallas, TX 75221-2880

4. Well Location  
Unit Letter K : 1650 Feet From The SOUTH Line and 2540 Feet From The WEST Line

Section 36 Township 21S Range 23E NMPM EDDY County  
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3913' GL



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 checked="" type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  |   | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> |   |
| OTHER: _____ <input type="checkbox"/>          |   | OTHER: _____ <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.

SPUD WELL 06-08-1999 UNITED DRILLING COMPANY  
06-12-99 RIH W/ 9 5/8" 36# J-55 ST&C CSG, CSG SEAT @ 1316', FC @ 1275'. CMT W/ 200 SXS CL 'H' TAIL W/ 200 SXS CL 'C'. NO CIRC. TEMP SURV. TOC @ 600'. DUMP 2 YDS GRAVEL, CMT W/ ADDITIONAL 250 SXS CL 'C'. CIRC. CMT. TO SURFACE. TOTAL 650 SXS CMT.  
MIRU PATTERSON RIG #55 06-16-99 TIH W/ 8 1/2" BIT DRLG CMT 1250'-1275'/ DO FC @ 1275'. TST CSG TO 1000 PSI/ HELD OK. DO SHOE JT. DRLG 8 3/4" 1316'-1715'. 6-18 - 07-12 DLG 8 3/4" HOLE TO 8612'. 07-13 RU CSG CREW, RUN 207 JTS 7" 23 & 26# K55 LTC CSG. CSG SEAT 8569'. FC @ 8479', ECP @ 7135'. CMT 1ST STAGE W/ 150 SXS 'H'. FP 525 PSI/ FULL RETURNS THRU OUT 1ST STAGE. PRESS CSG 525 PSI & SET ECP @ 7135'. CONT TO PRESS CSG TO 3400 PSI. NO INDICATION OF CMT ABOVE STAGE COLLAR. CUT OFF & LD 7" CSG STUB& BOP. DRESS OFF STUB. INSTALL SECONDARY SEALS AND TBG HEAD. RELEASE RIG 7/14/99.  
COMPLETION REPORT PAGE 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE Stephen Fore TITLE TECHNICAL ASSISTANT DATE 08-09-99  
TYPE OR PRINT NAME STEPHEN FORE TELEPHONE NO. 972-715-4520

(This space for State Use)  
APPROVED BY Jim W. Gunn TITLE District Supervisor DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: