

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
GL

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-20336
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Strackbein A
8. Well No. #1
9. Pool name or Wildcat Carlsbad Morrow, South
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3181'

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
OKY USA WTP Limited Partnership **192463**

3. Address of Operator
P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
Unit Letter **E** : **1980** Feet From The **north** Line and **660** Feet From The **west** Line
Section **32** Township **22S** Range **27E** NMPM **Eddy** County

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
 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.

SEE OTHER SIDE

Notify OCD 24 hrs. prior to any work done



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

SIGNATURE: David Stewart TITLE: Sr. Regulatory Analyst DATE: 9/20/01
TYPE OR PRINT NAME: David Stewart TELEPHONE NO. 915-685-5717

(This space for State Use)

APPROVED BY: [Signature] TITLE: Field Rep ID DATE: 9-29-01

CONDITIONS OF APPROVAL, IF ANY:

