

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-34501
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 23667
7. Lease Name or Unit Agreement Name Mazama State
8. Well No. 1
9. Pool name or Wildcat Devonian
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3968' GR 3950'

## 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry Hole	2. Name of Operator Ocean Energy, Inc.	3. Address of Operator 410 17th Street, Suite 1400, Denver, Colorado 80202	4. Well Location Unit Letter <u>G</u> : <u>2130</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>10S</u> Range <u>37E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3968' GR 3950'			

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

<p>11. NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work).  
SEE RULE 1103.

9/19/98: Surface Casing: 13-3/8" 48# @ 400'. Cemented with 430 sx Premium Plus.

6 centralizers spaced every other joint. Cement circulated to surface. WOC 6 hours and tested casing to 500 psi, held OK.

9/25/98: Intermediate Casing: 8-5/8" 32# @ 4368'. Cemented with Lead 800 sx IFC and Tail 200 sx Premium plus. Cement circulated to surface

12 centralizers used, placed every other joint. WOC 6 hours, tested to 500 psi, held OK.

No production casing was ran in well, well was dry hole.

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

SIGNATURE Scott M. Webb TITLE Regulatory Coordinator DATE 12/22/98  
TYPE OR PRINT NAME Scott M. Webb TELEPHONE NO. (303)573-4721

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY  
GARY L. LUK  
12/22/98