Submit 3 Copies State of New Mexi to Appropriate New Meximum Appropriate				
Energy, Min and Natural Res	ources Department		Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980 Hobbs NM 88240 OIL CONSERVATION	DIVISION			
		WELL API NO.		
DISTRICT II 2040 Pacheco St		30-025-34150		
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, NM 875	05	5. Indicate Type of Lease		
DISTRICT III		STAT	E 🔀 FEE	
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON	WELLS			
(DO NOT USE THIS FORM FOR PORPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM	• ••			
(FORM C-101) FOR SUCH PROPOSALS)		T I C		
1. Type of Well:		Townsend State		
WELL WELL OTHER Dry Hole				
2. Name of Operator		8. Well No.	·	
Ocean Energy, Inc.		4		
3. Address of Operator		9. Pool name or Wildcat		
410 17th Street, Suite 1400, Denver, CO 80202		Big Dog Strawn South		
4. Well Location				
Unit Letter W 330 Feet From The South	Line and	1650 Feet From Th	e East Line	
Section 2 Township 16S Range 35E		лмрм	Lea County	
10. Elevation (Show wh	ether DF, RKB, RT,	GR, etc.)		
GR 398			a da allan dinana any sanana amin'ny sanatana amin'ny tanàna dia	
Check Appropriate Box to Indica	ate Nature of Noti	ce, Report, or Other Da	ta	
NOTICE OF INTENTION TO:	S	UBSEQUENT REPOR	T OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	REMEDIAL WORK		
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS.		
PULL OR ALTER CASING	CASING TEST AND			
OTHER:	OTHER: Plug back		<u> </u>	
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent SEE RULE 1103. 	inent date, including estimated do	ate of starting any proposed work).		

Plugs have been placed in the following intervals:

1) CIBP @ 10,053'

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- 2) 160 sx Thixotropic cement @ 9400'
- 3) 50 sx "H" @ 8195' 8095'
- 4) 50 sx "H" @ 6306' 6206'
- 5) 50 sx "C" @ 4785' 4685'
- 6) 5-1/2" casing removed from 10,020' to surface.

SIGNATURE	My - M.	TITLE _	Regulatory Coordinator	DATE	06/24/98
TYPE OR PRINT NAME	Scott M. Webb		T	ELEPHONE NO.	(303) 573-4721
(This space for State Use)	GARY W. WINK				
APPROVED BY	D DEDDIGENTATIVE I	TITLE		DATE	SEP 2 8 100