Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Therals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

DISTRICT III

2040 Pacheco St.

NM 87505

Santa Fe,

30.	-0.2	5-3	7.1

WELL API NO

30-	<u>025</u>	-34	150

5. Indicate Type of Lease

 		STATEXX	FEE
 	_		

PLUG AND ABANDONMENT

1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lesse No.
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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL XX WELL OTHER	Townsend State
2. Name of Operator Ocean Energy, Inc.	8. Well No.
3. Address of Operator 410 17th Street, Suite 1400, Denver, CO 80202 4. Well Location	9. Pool name or Wildcat Big Dog Strawn South
V. cont	O' Feet From The East Line
Section 2 Township 16S Range 35E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3981'	
Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUB	Report, or Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING

CASING TEST AND CEMENT JOB Plug back well XX 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. 5-1/2" casing was cut off @ 10020'. Plug back well for evaluation to directionally drill. Plgs will be placed as per Chris Williams, OCD Hobbs, in the following manner:

COMMENCE DRILLING OPNS.

1) 160 sx Thixotopic @ 10020' over CIBP. tubing @ 9700'.

CHANGE PLANS

- 2) 100' plug @ 8200'.
- 3) 100' plug @ 6300'.
- 4) 100' @ 4755'.

TEMPORARILY ABANDON

PULL OR ALTER CASING

All plugs will be centered at the listed intervals.

I hereby certify that the information above is true and complete to the best of my know	riodge and belief.	
SIGNATURE - LUC	Regulatory Coordinator	DATE5/27/98
TYPEOR PRINT NAME Scott M. Webb	(303)573-4721	TELEPHONE NO.
(This space for State Use) ORIGINAL SIGNED BY		
GAFLY WINK FIELD REP CONDITIONS OF APPROVAL IF ANY:	— TITLE	UÜL 15 AM

