

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. **025-34400**

5. Indicate Type of Lease

STATE ☒ FEE

6. State Oil & Gas Lease No. ☐

23303

7. Lease Name or Unit Agreement Name:

Carlisle State Com.

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

Ocean Energy, Inc.

3. Address of Operator

1001 Fannin, Suite 1600, Houston, Texas 77002

4. Well Location

Unit Letter **K** : **1721'** feet from the **South** line and **1909'** feet from the **West** line

Section

10

Township **16S**

Range **35E**

NMPM

Lea

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

GR 3998'

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **Recompletion to Atoka** ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

05/2001

Blanked off Morrow w/CIBP @ 12,010' w/35' cmt on top. Perf'd Fat Lady Atoka 11710-14 & 11725-27' and Upper Atoka 11,572-74' & 11,577-93' using 2-1/8" thru tbg strip gun loaded 6 SPF. Swbd well in. Acidized well and put on line.

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

SIGNATURE Jeanie McMillan TITLE Regulatory Specialist DATE 8/22/01

Type or print name Jeanie McMillan Telephone No. (713) 265-6834; fax (713) 265-8086

(This space for State use)

APPROVED BY _____ TITLE _____ DATE AUG 31 2001

Conditions of approval, if any:

244 Townsend Morrow