Sugnition Copies State of New Mexic	0				
to Appropriate Energy, Min and Natural Reso	ources Department	Form C-103			
		Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION	DIVISION	WELL API NO.			
2040 Pacheco St.		30-025-34519			
DISTRICT II Santa Fe, NM 8750)5	5. Indicate Type of Lease			
P.O. Drawer DD, Artesia, NM 88210		STATE 🔀 FEE			
DISTRICT III		6. State Oil & Gas Lease No.			
1000 Rio Brazos Rd., Aztec, NM 87410		23826			
SUNDRY NOTICES AND REPORTS ON V	WELLS				
(DO NOT USE THIS FORM FOR PORPOSALS TO DRILL OR TO DEEPEN OR		7. Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI" (FORM C-101) FOR SUCH PROPOSALS)	Τ"				
1. Type of Well:		Townsend "2" State Confi			
2. Name of Operator		8. Well No.			
Ocean Energy Resources, Inc					
3. Address of Operator		9. Pool name or Wildcat			
4305 N. Garfield, Suite 200A, Midland, TX 79705		Townsend Permo Upper Penn			
4. Well Location					
Unit Letter 0 2970 Feet From The South	Line and	1980 Feet From The East Line			
Section 2 Township 16S Range 35E		NMPM Lea County			
10. Elevation (Show who	ether DF, RKB, RT ' GR	7, GR, etc.)			
Check Appropriate Box to Indicat		ice Report or Other Data			
		SUBSEQUENT REPORT OF:			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF.			
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK				
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.				
PULL OR ALTER CASING	CASING TEST AND				
OTHER:	OTHER: Plug-bac				
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give per SEE RULE 1103.	ertinent date, including estim	ated date of starting any proposed work).			

5-3-00: Set CIBP @ 11270' and dumped 20' cement on top of CIBP. Perforated Cisco 11004'-11020' and 11100'-1116' w/ 6 SPF.

5-4-00: RIH w/ 2.375" tubing and packer. Set packer @ 10941'. Acidized Cisco w/ 3500 gals 15% NeFe acid and 290 ball sealers. Ru swab and well KO flowing @ 100 psi FTP on 24/64" choke at 8 BOPH, no water. RD, obtain IP and wait on gas sales line.

I hereby certify that the information above is true and complete to the best of SIGNATURE	of my knowledge and bel TITLE	ief. Production Analyst	DATE	05/25/00
TYPE OR PRINT NAME Janice Holley			TELEPHONE NO.	915-683-3003
(This space for State Use)				un un frances
APPROVED BY CONDITIONS OF APPROVAL, IF ANY	TITLE		DATE	

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