	State of New Mexico orgy, Minerals and Natural Resource:	Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 811 South First, Artesia, NM 88210	IL CONSERVATION DIVISION	30- 0 25- 35 172
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco	5. Indicate Type of Lease STATE ▼FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505		
SUNDRY NOTICES AN (DO NOT USE THIS FORM FOR PROPOSALS TO I DIFFERENT RESERVOIR. USE "APPLICATION FOR PROPOSALS.)	D REPORTS ON WELLS DRILL OR TO DEEPEN OR PLUG BACK TO A DR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name:
1. Type of Well:		Lord Baltimore "20" State
	Other	
2. Name of Operator	1	8. Well No.
Ocean Energy, Inc. (DAVID H. A.) 3. Address of Operator	ARRINGTON DILEGAS, IN	
1001 Fannin, Suite 1600, Houston, Texas 77002		9. Pool name or Wildcat Townsend Mississippian
4. Well Location	7.702	Townselld Mississippian
	m the South line and 1460'	feet from the West line
Section 20		35E NMPM Lea County
10. E GR 40	evation (Show whether DR, RKB, RT, GF	R, etc.)
	ate Box to Indicate Nature of Noti	as Panart or Other Data
NOTICE OF INTENTION		UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG		
_		DRILLING OPNS TO DILIG AND
_		ABANDONMENT
PULL OR ALTER CASING LJ MULTII COMPI	PLE L CASING TES LETION CEMENT JOE	
OTHER: Change Operator for Drilling of W	'ell Only ☑ OTHER:	
12. Describe proposed or completed operat of starting any proposed work). SEE RU or recompilation.	ions. (Clearly state all pertinent details, a JLE 1103. For Multiple Completions: A	and give pertinent dates, including estimated date ttach wellbore diagram of proposed completion
Ocean Energy, Inc. will be drilling this we take well over after the well is drilled to T	ll for David H. Arrington Oil & Gas, In	nc. David H. Arrington Oil & Gas, Inc. will
take well over after the well is drined to 1D, logged and casing is rull.		
		,
I hereby certify that the information above is	true and complete to the best of my know	ledge and belief.
SIGNATURE Some Mc Mc	Ellan TITLE Regulatory S	Specialist DATE 2/22/01
	regulatory S	
Time or print pane		
Type or print name Jeanie McMillan (This space for State use)		No. (713) 265-6834; fax (713) 265-8086
Type or print name Jeanie McMillan (This space for State use)		
	Title	