

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.  
30-025-35497

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement  
Name:

Texaco 5 State

8. Well No.

1

9. Pool name or Wildcat  
Vacuum; Atoka-Morrow, N.

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 P : 660 feet from the South line and 660 feet from the East line

Section

5

Township 17S

Range

35E

NMPM

Lea

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
GR 3987'; KB 4003'

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: STIMULATION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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

Current Perfs: 12296-12302' - Brunson Atoka  
PBSD 12,600'

Proposed stimulation treatment.

Pump 100 MSCF N2 pad. Acidize w/600 gals 7.5% acetic acid, 600 gals 3% KCL water.  
Flush w/N2. SD and flow back.

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 3/21/03

Type or print name Jeanie McMillan

Telephone No. (713) 265-6834; fax (713) 265-8086

(This space for State use)

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

MAR 26 2003