

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONVERSATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

District II
P.O. Box 1980, Hobbs, NM 88240

District III
P.O. Box 1980, Hobbs, NM 88240

WELL API NO. 30 - 025 - 10631 ✓

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease 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 WELL GAS WELL OTHER INJECTION

SKELLY PENROSE B UNIT

2. Name of Operator
OXY USA INC.

8. Well No. 27

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

9. Pool name or Wildcat
LANGLIE MATTIX 7 RVR Q-GB

4. Well Location
Unit Letter F : 1,980 Feet From The NORTH Line and 1,980 Feet From The WEST Line
Section 5 Township 23 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,348

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Complete Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.

TD - 3770' PBDT - 3714' PERFS - 3660' - 3705'

MIRU PU, NDWH, NUBOP, POOH W/ PKR & TBG.. RIH & TAG @ 3708', CO TO 3714'. TEST CSG TO 1000#, HELD OK. ACIDIZED QUEEN PERFS 3660' - 3705' W/ 2700 GAL 15% NEFE HCL ACID. RIH W/ GUIB C-6 PKR & 2 3/8" TBG & SET @ 3583'. NDBOP, NUWH, RDPU. TEST CSG TO 500# FOR 30 MIN, HELD OK. START INJECTING 330 BWPD @ 500#.

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

SIGNATURE David Stewart TITLE Production Accountant DATE 04 08 93
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 915 685-5717

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 12 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
APR 18 1993
OCD HCSRS 0012*