

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

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

WELL API NO. 30 - 025 - 30235 ✓

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

SKELLY PENROSE B UNIT

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 66

2. Name of Operator OXY USA INC.

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

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

4. Well Location
Unit Letter L : 1,330 Feet From The SOUTH Line and 1,307 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.)
3,343

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER:

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 - 3972' PERFS - 3612'-3740'

MIRU PU, NDWH, NUBOP. POOH W/ RODS, PUMP & TBGG. RIH W/ PKR, SET @ 3518' TEST CSG TO 500#, HELD OK, POOH. RIH & TEST 2 7/8" TBG & SET @ 3813'. NDBOP, NUWH, RIH W/ 2 1/2" X 1 1/2" X 16' BHD PUMP ON 76-RD STR. RDPU, START WELL PUMPING TO BATT. TEST WELL AS FOLLOWS @ 8SPM 86" STROKE:

	TIME	OIL	WATER	GAS
	24hr	3	28	TSTM
	"	3	133	"
NMOCD POTENTIAL TEST 3/15/93 -	"	4	208	"

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 12 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 _____

CONDITIONS OF APPROVAL, IF ANY:

APR 14 1993