

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. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30-025-30155

5. Indicate Type of Lease STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

W. Dollarhide Qn Sd Unit
008596

8. Well No. 104
018810

9. Pool name or Wildcat
Dollarhide Queen

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 OXY USA Inc. 16696

3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
Unit Letter N : 130 Feet From The South Line and 1610 Feet From The West Line
Section 30 Township 24S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3121'

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
OTHER: _____
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.

TD - 3984'

NOTIFY NMOCD OF P&A. MIRU PU 11/11/96, ND WH, NU BOP. RIH W/
GAUGE RING & TAG @ 3600', POOH. RIH W/ CIBP & SET @ 3520', POOH
W/ WL. CIRC HOLE W/ 10# MUD-LADEN BW. SPOT 25sx CL C CMT PLUG @
3520-3267', POOH TO 2600'. SPOT 25sx CL C CMT PLUG @ 2600-
2347', POOH TO 1200'. SPOT 25sx CL C CMT PLUG @ 1200-947', POOH
TO 200'. SPOT 25sx CL C CMT PLUG @ 200-SURF. POOH W/ TBG. FILL
WELL W/ 10sx CL C CMT PLUG. DIG OUT CELLAR, CUT OFF WH, RDPU-
11/12/96, BACKFILL CELLAR, INSTALL DH MARKER & CLEAN LOCATION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE David Stewart TITLE Regulatory Analyst DATE 12/11/96
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 91568557

(This space for State Use)
APPROVED BY Charlie TITLE _____ DATE JAN 29 1997
CONDITIONS OF APPROVAL, IF ANY:

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