

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30 - 025 - 30297

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B9311

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

WEST DOLLARHIDE QN SD UT

1. Type of Well:
OIL WELL GAS WELL OTHER INJECTION

8. Well No. 140

2. Name of Operator OXY USA INC.

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

9. Pool name or Wildcat
DOLLARHIDE QUEEN

4. Well Location
Unit Letter K : 2,150 Feet From The SOUTH Line and 1,425 Feet From The WEST Line
Section 32 Township 24 S Range 38 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,157

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 - 3970' PBDT - 3884' PERFS - 3621' - 3776'

MIRU PU, NDWH, NUBOP, POOH W/ PKR & 2-3/8" TBG. RIH & TAG @ 3856', CLEAN OUT TO 3884'. ACIDIZED W/ 2000 GAL 15% NEFE HCL ACID. RIH W/ BAKER AD-1 & 2-3/8" TBG, SET PKR @ 3594', NDBOP, NUWH. PRESS CSG TO 310#, HELD OK, RDP. START INJECTING 788 BWPD @ 1050#.

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 16 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 19 1993

C 2w B

