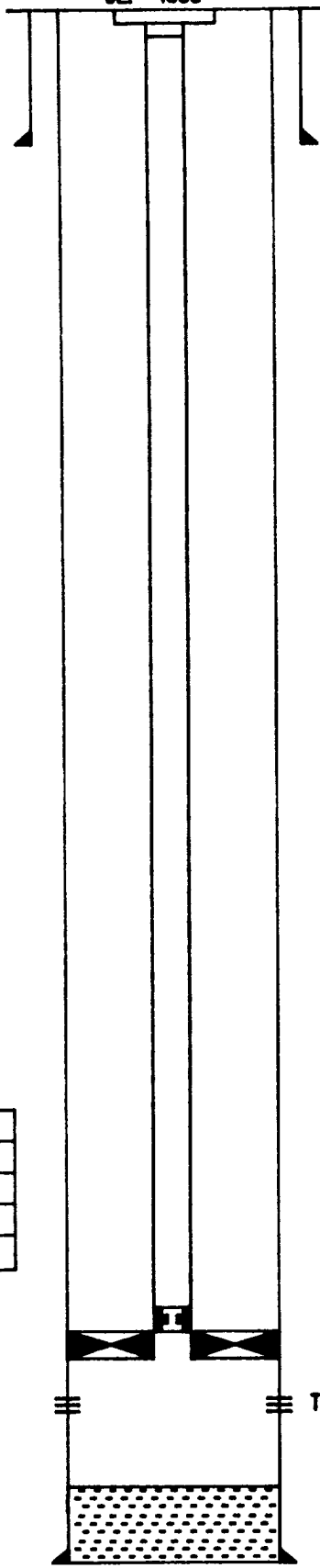


STATE DS #1
 1980' FNL & 1980' FEL SEC 29 T18N R30E

ELEVATION: KB: 4405'
 GL: 4395'



Ø 5 5/8" SURFACE CASING @ 593'
 CNTD W/ 500 SX CNT. CIRC.

1 - 2 3/8" EUE X 1 25/32" SM	1.10
1 - 2 3/8" X 5 1/2 BAKER LOK SET	3.70
83 - JTS 2 3/8" 4.7# J55 TBG	1921.50
TOTAL	1926.30
KB	10.00
SET AT	1936.30

	SURFACE	PRODUCTION	TUBING
SIZE	Ø 5 5/8"	5 1/2"	2 3/8"
WEIGHT	24 #	14 #	4.7 #
GRADE	K-55	K-55	J-55
THREAD	STBC	STBC	Ørd EUE
DEPTH	593'	2225'	1936'

5 1/2" PACKER @ 1936'

TUBG PERFS (1994' - 2032')

PREPRD BY: JOE M. FLEMING
 DATE : MAY 16, 1991

PBTD @ 2186'
 5 1/2" CS6 @ 2225' CNTD W/ 850 SX
 TD @ 2230' CNT CIRC

Submit 3 Copies
to Appropriate
District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

WELL API NO. 30 - 021 - 20140

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
L5859

7. Lease Name or Unit agreement Name
STATE DS

8. Well No. 1

9. Pool name or Wildcat
WEST BRAVO DOME

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 CO2 SUPPLY

2. Name of Operator
OXY USA INC.

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

4. Well Location
Unit Letter G : 1,980 Feet From The NORTH Line and 1,980 Feet From The EAST Line
Section 29 Township 18 N Range 30 E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4,395

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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: YEARLY BRADENHEAD TEST (SI) <input checked="" type="checkbox"/>	

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 - 2230' PBD - 2086'	YEAR	DATE	TBG PSI	CSG PSI	BD TIME
PERFS - 1994' - 2032'	1990	11/27	485	0	
	1991	10/31	550	0	
	1992	9/22	535	0	
	1993	9/22	420	0	
	1994				
	1995				
	1996				
	1997				
	1998				
	1999				
	2000				

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 10 04 93

TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY Ry Johnson TITLE DISTRICT SUPERVISOR DATE 10-7-93

CONDITIONS OF APPROVAL, IF ANY: