

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.

30-025-30539

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

OXY USA INC

3. Address of Operator

P. O. Box 50250, Midland, TX 79710

4. Well Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section 29 Township 19S Range 36E NMPM Lea County

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

3672' GR

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.

T.D. 3490' ANHY & SHALE. Prep. to drill ahead. Drilled a 12-1/4" hole from 425' to a T.D. of 3490'. Ran and set 82 jts. (3474') of 8-5/8" OD 24# casing @ 3490', and cemented w/1700 sx 65% Class C 35% Pozmix A, 6% Dentonite w/9% Salt and 1/4# Flocele/sx. + 250 sx. Class C w/2% CaCl₂/sx. PD @ 1200 MST on 2/3/89. Circulated 150 sx to pit. WOC 18 Hrs. tested 8-5/8" csg. to 1500# for 30 min. - OK. Drill ahead.

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

SIGNATURE F. A. Vitrano TITLE Dist. Oper. Mgr. - Prod. DATE 2-8-89

TYPE OR PRINT NAME F. A. Vitrano

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:

FEB 13 1989

RECEIVED

FEB 18 1989

OCD
HOBBS OFFICE