

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.	30-025-08736
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B1481
7. Lease Name or Unit Agreement Name	
State N	
8. Well No.	4
9. Pool name or Wildcat	Arrowhead Grayburg 3040
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 M : 990 Feet From The South Line and 990 Feet From The West Line
Section	2 Township 22S Range 36E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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-3835' PBTD-3616' PERFS-3708-3835' CIBP-3653'

8-5/8" 24# CSG @ 341' W/ 200sx, 12-1/4" HOLE, TOC-CIRC
5-1/2" 15# CSG @ 3708' W/ 150sx, 7-7/8" HOLE, TOC-2842' -CALC
12/27/98-SET CIBP @ 3653', DUMP 5sx CMT
1. M&P 25sx @ 3090-2990'
2. PERF & SQZ @ 2830', M&P 35sx CMT TO 2730'
3. PERF & SQZ @ 1784', M&P 35sx CMT TO 1684'
5. M&P 35sx @ 758-658'
8. PERF & SQZ @ 391', M&P 40sx CMT TO 291'
9. M&P 10sx CMT SURFACE PLUG
10# MLF BETWEEN PLUGS

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 2/17/99
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MP

OXY USA INC. PROPOSED
STATE N #4
SEC 2 T22S R36E LEA NM

