Submit 3 Copies to Appropriate District Office District |

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico E... rgy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	WELL API NO.	30 - 025 - 12271	
District II P.O.Drawer DD,Artesia, NM 88210 Santa Fe	, New Mexico 87504-2088	5. Indicate Type of Le		
District III		,,	STATE FEE X	
1000RioBrazos Rd.Aztec,NM87410		6. State Oil & Gas Lea	se No.	
SUNDRY NOTICES AND REP				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		7. Lease Name or Unit	t agreement Name	
(FORM C-101) FOR SUCH PI	ROPOSALS.)			
1. Type of Well: OIL GAS WELL WELL	OTHER INJECTION		WEST DOLLARHIDE QN SD UNIT	
2. Name of Operator OXY USA INC.		8. Well No. 12		
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 50250 Midland, TX 4. Well Location	79710	DOLLARHIDE	QUEEN	
Unit Letter : 1,650 Feet From The	SOUTH Line and	990 Feet From Th	e WEST Line	
Section 30 Township 24	S Range 38 E	NMPM LE	A County	
· ·	on <i>(Show whether DF, RKB, RT, GR, et</i> 3,122	s.)		
11. Check Appropriate Box to	o Indicate Nature of Notice, F	Report, or Other Data	l	
NOTICE OF INTENTION T	O: SUE	SEQUENT REP	PORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABA	NDON REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON CHANGE PLAN	S COMMENCE DRIL	LING OPNS.	AND ABANDONMENT	
PULL OR ALTER CASING				
FULL ON ALTER CASING	CASING TEST ANI	3 CEMENT JOR		
OTHER:	OTHER: REPAIR	R TBG LEAK	X	
12.Describe Proposed orCompleted Operations (Clearly state all work) SEE RULE 1103.	pertinent details, and give pertinent dat	tes, ncluding estimated date o	f starting any proposed	
TD - 3920' PE	3TD - 3897' PERFS - 36	359- 3839'		
MIRU PU 7/18/94, NDWH, NUBOP, POOH W/ PI				
REPLACE 1 JT TBG. CIRC HOLE W/ PKR FLUID HELD OK, RDPU 7/19/94, WITNESSED BY LYLE				
TILLED CIK, TIDI O 1/10/94, WITHLOOLD BY LILL	TOTAL	OT WELL BROK ON III	occitor.	
Thereby certify that the information above is true and complete to the bes	t of my knowledge and belief.			
SIGNATURE		ORY ANALYST	DATE 08 17 94	
TYPE OR PRINT NAME DAVID STEWART		<u></u>	HONE NO. 915 685-5717	
	O ri	rr. (5) 1 47		
(This space for State Use)	Ö	aud la Geologica	AUG 22 1024	
APPROVED BY	TILE	Trongs	DATE	

RECEIVED ON OUTPORT

