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ubmit 3 Copies to Appropriate District Office	State of New Mexico Energy, …nerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		Fortm C-103 Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hobba, NM 88240			WELL API NO. 5. indicate Type of Lease STATE FEE		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					
000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.			
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WE PROSALS TO DRILL OR TO DEEPE RVOIR. USE "APPLICATION FOR PI- 101) FOR SUCH PROPOSALS.)	N OR FLUG BACK DO A	7. Lease Name or Unit Agreement Name		
1. Type of Well: OL GAS WELL XX WELL	OTHER	MAY -9 '90	Bedingfield		
2. Name of Gapeanter OXY USA	Inc.	D.	8. Well No. 1		
3. Address of Operator P.O.Box	50250 Midland, TX. 7	9710	9. Pool same or Wildcat		
4. Well Location Unit Letter :33	0 Feet From The North	Line and330	Feet From The West Line		
Section 22	Township 16S 1	Range 26E er DF, RKB, RT, GR, etc.)	NMPM Eddy County		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		REMEDIAL WORK			
	CHANGE PLANS	COMMENCE DRILLIN			
PULL OR ALTER CASING		CASING TEST AND C			
OTHER:		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.

This well was plugged in error by OXY USA Inc.

TD-1416' San Andres Perfs-1203'-1345'. This well was plugged & abandon in the following manner. MIRUPU, NDWH, NUBOP, POOH w/ 1-4'-2-3/8" tbg sub. There were no rods, pump, or tbg in hole. BLM notified but did not witness. RU wireline RIH & set CIBP @ 1200'. RDWL, RIH w/ 40 jts 2-3/8" tbg, tag CIBP. Circ hole w/ 9.5#/gal mud laden fluid. Spot 9 sx Cl C cement from 1200'-1070'. PU tbg to 462' & spot 7 sx Cl C cement from 462'-361'. PU tbg to 60' & spot 4 sx Cl C cement from 60'-surface. POOH, RDPU. Job witnessed by John Amos-BLM. Cover pit, cutoff anchors & wellhead, install dry hole markers. Job complete 12/28/90.

Please see attached BLM #3160-5 - Citco Federal #2Y

I hereby certify that the information above is true and complete to the best of my know $AAVAAAD$	<pre>med belief. memeOperations_MgrProductic</pre>	20 DATE _ 5/7/90
TYPE OR PRINT NAME F.A. Vitrano	(Prepared by David Stewart)	TELEPHONE NO.9156855717
(This space for State Use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

Form 3160-5 November 1983) Formerly 9-331) DEPARTMEN. JF THE INTERIOR verse alde) BUREAU OF LAND MANAGEMENT			r orm approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. NM 14297A	
(Do not use this form for Use "A	NOTICES AND REPORT proposals to drill or to deepen or pl pplication FOR PERMIT—" for su	S ON WELLS iug back to a different reservoir. (ch proposals.)	6. IF INDIAN, ALLOTTEE OR TH	LIBE NAME
I. OIL X GAB OT WELL WELL OT	THER	,	C. UNIT AVEREMENT NAME	
2. NAME OF OPERATOR			8. PARM OR LEASE NAME	
OXY USA Inc.		RECEIVED	Citco Federal 9. WBLL NO.	
	Midland, Texas 79710		2Y	
 LOCATION OF WELL (Report loc See also space 17 below.) At surface 	cation clearly and in accordance with	MAY -9 '90	10. FIELD AND POOL, OR WILD Eddy Cty. Und. Sar 11. BEC. T., R., M., OR BLK. AN	n Andre
NENE SEC 21 T16	S R26E	C. C. D.	Sec. 21 T16S R26E	
14. PERMIT NO.	15. ELEVATIONS (Show wheth	SPIESLA, OFFICE	Sec. 21 103 120L	TATE
			Eddy	NM
16. Che	ck Appropriate Box To Indicat	te Nature of Notice, Report, or	Other Data	
	P INTENTION TO :		BQUENT REPORT OF :	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEFAIRING WELL	
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
BHOOT OR ACIDIZE	ABANDON*	BEOOTING OR ACIDIZING	ABANDON MENT [®]	×
(Other)	CHANGE PLANS		its of multiple completion on We apletion Report and Log form.)	-[] 11
mud laden fluid 462'-361', spot	I. Spot 9 sx Cl C cem. 4 sx Cl C cem from 60	t CIBP @1200'. RIH w/t from 1200'-1070', spo D' to surf. P00H, RDPU Witnessed by John Amo	ot 7 sx Cl C cem from 1. Cut off wellhead	TÌ
			n	
			· •	()) (11
				0
signed - Haven		Operations Mgr. of Proc	duction _{DATE} 1/3/90	
(This space for Federal or Si		and the second sec		
	tate office use)			
APPROVED BY Adam CONDITIONS OF APPROVA	1. Jaland TITLE.	- *PETROUGUNE ENCONTIN	DATE	

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United States any pass, inclutious or fraudulent statements or representations as to any matter within its invisioner