**Submit 3 Copies** to Appropriate District Office

## State of New Mexico

Form C-103 **Revised 1-1-89** 

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088	WELL API NO.	
Santa Fe, New Mexico 87504-2088	5 Indicate Type of Lease	 

STATE DISTRICT III 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERIMECE!VED (FORM C-101) FOR SUCH PROPOSALS.) Bedingfield 1. Type of Well: WELL XX  $M\Delta V = 9'90$ OTHER WELL 8. Well No. 2. Name of Oppenion OXY USA Inc. 9. Pool name or Wildcat 3. Address of Operator 79710 ARTESIA, OFFICE P.O.Box 50250 Midland, TX. 4. Well Location Line and  $\underline{\phantom{0}}330$ D : 330 Feet From The North Feet From The <u>West</u> Line Unit Letter Township 16S Eddv County 26E NMPM 22 Range Section

	10. Elevation (Show whether	r DF, RKB, RT, GR, etc.)	
11. Check NOTICE OF IN	Appropriate Box to Indicate TENTION TO:		or Other Data ENT REPORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK  COMMENCE DRILLING OPNS.	ALTERING CASING  PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT X	ов 🗌
OTHER:	ations (Clearly state all pertinent details,	OTHER:and give persinent dates, including estimated	aled 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	knowledge and betief.	
SIGNATURE Javarano	mme Operations MgrProduction	DD DATE
TYPEOR PRINT NAME F.A. Vitrano	(Prepared by David Stewart)	TELEPHONE NO.9156855717
(This space for State Use)		
APPROVED BY	тте	DATE

CONDITIONS OF APPROVAL, IF ANY:

Form 3160-5 November 1983) Formerly 9-331)	UNIデラ DEPARTMEN. J		SUBMIT IN TRIPLIC (Other instructions OR verse aide)	Expires	Suremu No. 1004-0135 August 31, 1985
, o.m.o.ry y=331)	<del></del> : :	ID MANAGEMENT		NM 142	
	DRY NOTICES AN	ID REPORTS C	N WELLS		LLOTTEE OR TRISE NAME
1.	UR APPLICATION FOR I	- LKMII — IOF WEED PF		7. UNIT AGREES	SHT NAME
OIL X GAB	OTHER	,			
2. NAME OF OPERATOR		<del></del>		8. PARM OR LE	SE HAME
OXY USA In				Citco	ederal
3. ADDRESS OF OPERATOR			RECEIVED	9. WBLL NO.	
	0250, Midland, Te		State requirements 6	2'	POOL, OR WILDCAT
See also space 17 belo At surface		accordance with any	MAY -9 '90	Eddy Cty.	Und. San Andre
NENE SEC 2	1 T16S R26E		C. C. S.	SURVET	
	T T T T T T T T T T T T T T T T T T T		ARTESIA, OFFICE	Sec. 21 T	6S R26E
14. PERNIT NO.	15. BLEVAT	IONS (Show whether DF,		12. COUNTY OR	PARISH 18. STATE
				Eddy	NM NM
16.	Check Appropriate	Roy To Indicate N	ature of Notice, Report,	or Other Data	
,	NOTICE OF INTENTION TO:	box 100 maicaic 11		BESQUENT REPORT OF:	
TEST WATER SHUT-OF	·		WATER SHUT-OFF		IRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE CO	MP1.ETE	FRACTURE TREATMENT SECOTING OR ACIDIZING		DONMENT* X
REPAIR WELL	CHANGE PLAN	ε -	(Other)		
(Other)				sults of multiple com- completion Report and	
TD-1350 following	PBTD-1344' San manner: MIRU PU,	Andres-1211'- , R1H & set CI	1288'. This well BP @1200'. RIH w/	was Plug & Al /tbg, circ ho	pandon in the le w/9,5#
462'-361',	spot 4 sx C1 C c	em from 60' t	o surf. POOH, RDF tnessed by John An	PU. Cut off w	vellhead
				* •	e ( )
				i	
					(0
					(C)
					(C.)
15. 1 hereby certify that	the foregoing is true and co	orrect			
SIGNED -	Votram	TITI Dpe	ations Mgr. of Pro	oductionDATE _	1/3/90
(This space for Feder	ral or State office use)		(prepared	by: David S	<u>lewart)</u>
4	lam 1. Jalen	T ann F	ET <del>RO</del> URINA ENGINE II	DATE _	1/10/90
Approved as to his Liability under Lea	inglet of the well bore.	*See Instructions	on Reverse Side		

Liability under Lord is returned un surface restoration is completed,