Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

C1ST

Form C-103
Revised 1-1-89

WELL API NO. 30-015-30617

5. Indicate Type of Lease STATE [X] 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.)

7. Lease Name or Unit Agreement Name: OXY Celtic State

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: OXY USA Inc. 16696

8. Well No. 1

3. Address of Operator: P.O. Box 50250 Midland, TX 79710-0250

9. Pool name or Wildcat: Undsg. Logan Draw Morrow

4. Well Location
Unit Letter E : 1650 Feet From The North Line and 660 Feet From The West Line

Section 16 Township 17S Range 27E NMPM Eddy County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[X]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[X]		
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.

NOTIFIED NMOCD 5/17/99, MIRU PETERSON #307, SPUD WELL @ 2000hrs MDT 5/17/99. DRILL 12-1/4" HOLE, DRILL TO TD @ 1500', 0300hrs MDT 5/19/99, CHC. RIH W/ 8-5/8" 32# CSG & SET @ 1500'. M&P 720sx 35/65 POZ/C W/ 6% BETONITE + 1% $CaCl_2$ + 4#/sx GILSONITE FOLLOWED BY 200sx Cl C CMT W/ 1% $CaCl_2$, DISP W/ FW, PLUG DOWN @ 1045hrs MDT 5/19/99, CIRCULATED 103sx TO PIT, WOC 18hrs. CUT OFF CSG & WELD ON WELLHEAD, NU BOP, CHOKE MANIFOLD & HCR, RU SAFETY TEST & TEST TO 5000#, OK. TEST CSG TO 2500#, OK. RIH & DO CMT, TEST CSG, OK, NMOCD NOTIFIED OF CSG/CMT JOB BUT DID NOT WITNESS. DRILL AHEAD.

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

SIGNATURE [signature] TITLE Regulatory Analyst DATE 5/20/99

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY Tim W. Gum TITLE District Supervisor DATE 6-2-99

CONDITIONS OF APPROVAL, IF ANY:

BOX