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

Form C-103
Revised 1-1-89

RECEIVED

MAR 10 1997

OIL CON. DIV.

DIST. 2

WELL API NO. 30-015-29376

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 Mustang State Com.

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: Undesig. Turkey Track Morrow, N.

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 16 Township 18S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3519'

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	[X]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: Change Production Casing & Cement	[X]			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.

HOLE SIZE	CASING SIZE	SETTING DEPTH	SACK OF CMT	EST TOC
7-7/8"	4-1/2"	11,150'	565	8500'

CASING - 4-1/2" 11.6# N-80 & S-95

CEMENT - 565 SX SUPER C MODIFIED WITH 5#/SX GILSONITE PLUS FLUID LOSS ADDITIVES AND RETARDER

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 3/6/97

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE MAR 12 1997

CONDITIONS OF APPROVAL, IF ANY: