

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

MAY - 7 1997

WELL API NO.	30-015-28883
5. Indicate Type of Lease	STATE ☒ 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.)	
1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. Lease Name or Unit Agreement Name T-Bind 30 State 17933
2. Name of Operator OXY USA Inc. 16696	8. Well No. 2
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. Pool name or Wildcat 82600 Parkway Morrow, West
4. Well Location Unit Letter G : 1780 Feet From The North Line and 1980 Feet From The East Line Section 30 Township 19S Range 29E NMPM County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3316

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☒
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☒
	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.

DRILL 7-7/8" HOLE TO TD @ 11400', 4/23/97, CHC. RIH W/ PLATFORM EXPRESS GR-CDT-CNL-DLL-CAL LOGS. RIH W/ 4-1/2" 11.6# CSG & SET @ 11400'. M&P 200sx SUPER C MODIFIED CMT W/ .5%/sx FL-25 + .5% FL-52 + 8#/sx GILSONITE FOLLOWED BY 75sx C1 C W/ .1% FL-25, DISP W/ FW, PLUG DOWN 4/25/97, CEMENT DID NOT CIRCULATE, WOC. NOTIFIED NMOC D MIKE STUBBLEFIELD, DID NOT WITNESS. ND BOP, SET SLIPS & CUT CSG. RELEASE RIG @ 0400hrs MDT 4/26/97. SI WOCU.

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 5/6/97
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

MAY 9 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: