

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Elaboration, 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

AUG 29 1994

O. C. D.

ARTESIA, OFFICE

WELL API NO.

30-015-20965

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Paslay A Com

8. Well No.

1

9. Pool name or Wildcat

South Carlsbad Morrow

**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

2. Name of Operator

OXY USA Inc.

3. Address of Operator

P. O. Box 50250, Midland, TX 79710

4. Well Location

Unit Letter K : 2230 Feet From The South Line and 1980 Feet From The West Line

Section 8

Township 22S

Range 28E

NMPM Eddy

County

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

3109' KB, 3089' GR

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

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.

A wellbore schematic is attached which shows the current configuration of the Paslay A #1.

OXY USA Inc. requests permission to stop submitting an annual packer leakage test.

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

SIGNATURE Robert P. Elliott TITLE Operations Engineer DATE 8/25/94

TYPE OR PRINT NAME Robert P. Elliott TELEPHONE NO. (915) 685-58

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE  DATE NOV 21 1994

CONDITIONS OF APPROVAL, IF ANY: