

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

DEC -1 '89

WELL API NO.
30-015-26205

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

State EC

8. Well No.

1

9. Pool name or Wildcat

Hess Morrow, East

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 N : 990 Feet From The South Line and 1880 Feet From The West Line

Section 36

Township 23S

Range 23E

NMPM

Eddy

County

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

4333.7' 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.

TD-304' Surface Rock, MIRU rotary and spud 17-1/2" hole @ 0130 hrs-CST 11/25/89. Drill to a TD of 304'. Ran & set 7 jts (301.9') of 13-3/8" OD H-40 48# casing @ 304' and cemented w/ 300 sx Pacesetter Lite w/2%CaCl₂, 1/4#celloseal/sx + 200 sx C1 C w/ 2% CaCl₂. Plug down @ 0315 hrs-CST 11/26/89. Circ 100 sx cement to surf. WOC 18 hrs. Tested 13-3/8" casing to 1000# for 30 min - Held OK.

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

SIGNATURE

F.A. Vitrano

TITLE Dist. Oper. Mgr. - Prod. DATE 11/27/89

TYPE OR PRINT NAME

(Prepared by David Stewart)

TELEPHONE NO. 915-685-5717

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

DEC 13 1989

CONDITIONS OF APPROVAL, IF ANY: