

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

WELL API NO.
30-015-26205
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 State EC
2. Name of Operator OXY USA Inc.	8. Well No. 1
3. Address of Operator P.O. Box 50250 Midland, TX. 79710	9. Pool name or Wildcat Hess Morrow East
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'	

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.

TD-10850' Drill 7-7/8" hole from 2500' to 10850'. RIH w/ drill pipe and plug well in the following manner:

Formation	Depth	Cement
Morrow A,B	10550'-10341'	70 sx C1 H + .25% LWL
Morrow Carbonate	10090'-9990'	45 sx C1 H
Atoka	9743'-9642'	50 sx C1 H
Strawn	9120'-9020'	45 sx C1 H
Wolfcamp	7585'-7485'	35 sx C1 H
Bone Springs	5361'-5261'	35 sx C1 H
8-5/8" Csg	2550'-2450'	35 sx C1 H
13-3/8" Csg	354'-254'	30 sx C1 H
Surface	30'-surface	10 sx C1 H

Post ID-2
1-26-90
PFA

Plugging complete @ 0030 hrs MST 12/29/89. The plugs were specified by Darrel Moore-NMOCD. Release rig @ 0330 hrs MST 12/29/89.

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

SIGNATURE F.A. Vitrano TITLE Operations Manager-Prod. DATE 1/12/90

TYPE OR PRINT NAME F.A. Vitrano (Prepared by David Stewart) TELEPHONE NO. 915-685-5717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Never
withhold