

Submit 3 Copies
to Appropriate
District Office

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Box 1980, Hobbs, NM 88240

District III

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30 - 025 - 29291

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
Fee

7. Lease Name or Unit agreement Name

Central Corbin Queen Unit

8. Well No. 601

9. Pool name or Wildcat
Corbin Queen, Central

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 Water Injection

2. Name of Operator OXY USA INC.

3. Address of Operator P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line
Section 3 Township 18 S Range 33 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4,001

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER: Convert to water injection R-9337

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
ALTERING CASING
PLUG AND ABANDONMENT
OTHER:

12. Describe Proposed or Complete Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.

- TD - 5052' Perfs - 4219'-4266'
- 1) MIRU PU. NDWH, NUBOP. TIH w/ tbg & tag PBTB. TOOH w/ tbg..
- 2) TIH w/ RB & tbg & CO fill to PBTB. TOOH w/ RB & tbg.
- 3) TIH w/ pkr & 2-3/8" tbg & set @ 4120'. Acidize Queen perfs 4219-4266' w/ 2000 gal 15% NeFe HCl acid and flush w/ 2% KCl water.
- 4) Swab load back
- 5) TOOH w/ pkr & tbg. TIH w/ injection pkr & 2-3/8" tbg & set @ 4120'. NDBOP, NUWH, RDPU. Run csg integrity test.

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

SIGNATURE David Stewart TITLE Production Accountant DATE 09 12 91
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: