| Submit 3 Copies To Appropriate Dis | strict | | State of | New M | levico. | | | | | Form C | 102 | |
|--|---------------------|---------------------------|----------------|--------------------|-------------------------------|----------------|------------|------------------------------|-----------|---------------------------|------|--|
| Office | J4,00 | Energy | , Minerals a | | | sources | | | Revi | sed March 25, | | |
| District I | M | | , , | | | | WELL A | API NO. | · | sed Majer 25, | 1777 | |
| District II | | | | | | | | 30-059-20400 | | | | |
| 811 South First, Artesia, NM 87210 District III 2040 South Pacheco | | | | | | | | 5. Indicate Type of Lease | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 | | | | | | | | TATE | | E X | ĺ | |
| District IV 2040 South Pacheco, Santa Fe, NM 87505 | | | | | | | | 6. State Oil & Gas Lease No. | | | | |
| SHNDRY N | IOTIC | ES AND | REPORTS | ON ME | 116 | | 7 1 | Manage and | / T!A A | | | |
| (DO NOT USE THIS FORM FOR DIFFERENT RESERVOIR. USE "PROPOSALS.) 1. Type of Well: Oil Well Gas Well | PROPO APPLIC | OSALS TO I | DRILL OR TO | DEEPEN ORM C-16 | OR PLU 01) FOR | | | | • | æment Name de Gas Unit | | |
| 2. Name of Operator | | | or COL Supp | y ner | | | 8. Well | Vo. | | | | |
| • | | | | | | 16696 | _052 | . 10. | | | | |
| OXY USA Inc. 3. Address of Operator | | | | | | 10030 | | ame or W | ildeat | | | |
| P.O. Box 50250 Midland | TY | 79710-0 | 250 | _ | | | 4 | | | de Gas 640 | 1 | |
| 4. Well Location | | / 3/ 10-V | | | | | I DI STO D | MIC COLIN | II DIONII | ue das 040 | | |
| 1 | | | | | | | | | | | | |
| Unit LetterL | _: | 1980 | feet from the | SO | uth | _ line and | 660 | _ feet from | n the | west 1 | ine | |
| Section 5 | | • | Township | 19N | Range | 34E | NMPM | | County | Union | - } | |
| | | | ation (Show | | | | tc.) | | | | | |
| | | | · , | 4 | 951' | | | | | | | |
| 11. Che | eck A | ppropria | te Box to I | ndicate | Natur | e of Notice | Report, | or Other | Data | | | |
| NOTICE OF | | | | | | | SEQUE | | | E. | | |
| PERFORM REMEDIAL WORK | | - : | ND ABANDO | N [] | DEME | DIAL WORK | OLGOL: | ריין | | T . NG CASING | г | |
| TEMPORARILY ABANDON | | | E PLANS | | l | IENCE DRILL | ING OPNS | | PLUG A | | L | |
| I EIMI CHARILLI ADAINDON | OFFICE | AGE FEATAS COMMENCE BAILE | | | | | | | ONMENT | ــــا | | |
| PULL OR ALTER CASING | | MULTIP COMPL | | | CASING TEST AND CEMENT JOB | | | | | | | |
| OTHER: | | | | . [| OTHE | R: Completi | On. | | | | | |
| Describe Proposed or Con of starting any proposed w or recompilation. | - | _ | | _ | | _ | - | | - | | | |
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| hereby certify that the information | above i | s true and c | omplete to the | best of n | ny knowl | edge and belie | f. | | | | | |
| $\mathcal{L} = \mathcal{L} \cdot \mathcal{L}$ | 7 | 1 | | | | | | | 1 | حساسات | | |
| IGNATURE ' | | | | TITL | E Sr. I | Regulatory | Analyst | D | ATE\S | 15:102 | _ | |
| ype or print name David Stew | ant | / | | | | | | Telephon | e No. 43 | 32-685-5717 | , | |
| This space for State use | $\overline{\Omega}$ | 17 | | | | | | | | | _ | |
| |) V | 1/4/1 | | | אות | TRICT S | DED\/ | ISOD | 1. | /11/2 - | , | |
| PPROVED BY | / | | | TITL | E | incl 5 | UPERY | ISO BA | TE | 114/05 | _ | |
| or approver, ir quy. | | | | | | | | | | | | |

BDCDGU 1934-052

9/11/03 CMIC: Randy Baker
MI & RUWL R Compensated Neutron, Gamma Ray, Collar Log PBTD 2530:

9/14/03

MI & RUSU R 2.375 Tbg to 2470' Swb Well Dry P & LD Tbg RD & MOSU

9/15/03

Dump 7 BBL 15% HCL Acid + 4 BBL 6% KCL

9/16/03

MI & RUWL R 3.125 Perf Gun Perforate with 4 DPJSPF 2318' to 2410', 2422' to 2432', 2450' to 2462', 2474' to 2484' 124' of perfs = 496 Hole @ .42" each Open Well to Pit - would not flow

9/24/03

Frac Down Casing with 367 BBL Gel KCL mixed with 75 Tons of CO2 Containing 616 sx 12/20 Brady Sand Max TP - 1437 psi Avg TP - 1287 psi Max IR - 50 BPM AIR - 45 BPM ISIP - 1128 psi 5 min SIP - 647 psi 10 min SIP - 370 psi 15 min SIP - 280 psi. Flow Well to Pit on .25" Choke