

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

30 - 025 - 05532

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-153-1/2

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 J : 1,980 Feet From The SOUTH Line and 1,980 Feet From The EAST Line
Section 33 Township 18 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,699

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: RE-ACTIVATE ☒

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 - 4000' PBTD - 3989' PERFS - 3784' - 3954'

MIRU PU, 12/16/93, NDWH NUBOP, RIH & TAG @ 3982', CHC, CO TO 3989'. PERF PENROSE W/ 2 SPF @ 3784-3799, 3806-14, 22-3829', TOTAL 66 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ 2-7/8" TBG & SET @ 3972', NDBOP, NUWH, RDPU 12/21/93.

RUPT 2/21/94, RIH W/ 2-1/2"X 1-1/2"X 16' BHD PUMP ON 76 RD STR, RDPU. PUT WELL ON TEST 5/12/94.

NMOCD 24HR POTENTIAL TEST - 11/22/94 - 1-BO 1-BW 6-G 6000-GOR 37.1

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 12 02 94

TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

ORIGINAL SIGNATURE OF STATE SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 07 1994

RECEIVED

DEC 26 1994

PROBES
OFFICE