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

WELL API NO. 30-025-29203

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LG1543

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.)

7. Lease Name or Unit Agreement Name: State DW

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

008656

2. Name of Operator: OXY USA Inc. 16696

8. Well No. 10

3. Address of Operator: P.O. Box 50250 Midland, TX 79710-0250

9. Pool name or Wildcat: Mescalero Escarpe Bone Spring

4. Well Location
Unit Letter N : 990 Feet From The South Line and 2130 Feet From The West Line

Section 12 Township 18S Range 33E NMPM Lea County

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: Perf Add'l Interval & acidize	[X]			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 - 9097' PBTD - 9047' Perfs 8708'-8761'

1) MIRU PU, POOH w/ rods & pump. NDWH, NUBOP, POOH w/ tbg.

2) Perforate additional interval @ about 8831-8842'.

3) Acidize w/ 3000 gal 15% NeFe HCl Acid

4) Open well, swab load & test. Return well to production

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 5/28/96

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

Orig. Signed by. Paul Kautz Geologist

MAY 30 1996

APPROVED BY ____ TITLE ____ DATE ____

CONDITIONS OF APPROVAL, IF ANY: