Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

1-M = C-100	
Revised 1-1-8	•

- DATE -

District Office	•	NOVEE 1-1-47
P.O. Box 1980, Hobbs, NM 88240	SERVATION DIVISION P.O. Box 2088	WELL API NO. 30-025-34326
Santa Fe, New Mexico 87504-2088 D. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease
DISTRICT III		STATE FEE
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		6. State Oil & Gas Lease No. VB 437
DIFFERENT RESERVOIR. USE "APPL (FORM C-101) FOR SUCH P	JCATION FOR PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well:	_	Lone Ranger 16 State Com.
OL GAS WELL X	OTHER 210959	71832
2 Name of Operator OXY USA Inc.	16696	8. Well No.
	and, TX 79710-0250	9. Pool name or Wildow 17370 Widesq. Gen Morrow
4. Well Location	S 1.1.	
Unit Letter 0:990 Feet From The	South Line and 19	80 Feet From The East Line
Section 1 G Township	195 Rage 33E	NMPM Lea County
10. Elev	mion (Show whether DF, RKB, RT, GR, etc.)	
Charle Appropriate Re	3642. ox to Indicate Nature of Notice, 1	Sanara a Otlas Batteria
NOTICE OF INTENTION TO		BSEQUENT REPORT OF:
		DOLGOLIN NEI ONI OF:
PERFORM REMEDIAL WORK UP PLUG AND A	ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON L. CHANGE PL	ANS COMMENCE DRILLIN	IG OPNS. L PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND	CEMENT JOB 🔀
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state at work) SEE RULE 1103.	Il pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
DRILL 7-7/8" HOLE TO TD @ 1362 W/ PLATFORM EXPRESS LOGGING TO CORING TOOL, CUT CORES AT VAR SET @ 13620'. M&P 250sx SUPP CELLO-FLAKE, DISP W/ 2% KCLW, NMOCD WAS NOTIFIED BUT DID NOT PITS, RELEASE RIG @ 1900hrs M	COOLS, LOG FROM TD-5200', LOUS INTERVALS, POOH. RI ER C MODIFIED W/ .5% FL-5 PLUG DOWN @ 4/21/98, CEMEN WITNESS. ND BOP, SET SLI	POOH. RIH W/ SIDE WALL H W/ 5-1/2" 17-20# CSG & 2 + .5% FL-25 + 1/4#/sx T DID NOT CIRCULATE, WOC.
I hereby certify that the information above is true and complete to the besidenature.		v Analyst page 4/29/98

(This space for State Use) W.L.A**M6** . 1 such

- TITLE -

CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PROT NAME