Submit 3 Copies to Appropriate **District Office**

1. Type of Well:

4. Well Location

11.

2. Name of Operator

3. Address of Operator

District I

State of New Mexico Energy, Minerals and Natural Resources Department

ubmit 3 Copies o Appropriate district Office	State of Energy, Minerals and Na			ment				n C-103 sed 1-1-89
istrict O. Box 1980, Hobbs, NM 88240 istrict O.Drawer DD,Artesia, NM 88210 istrict O00RioBrazos Rd.Aztec,NM87410	OIL CONSERV P.O. E Santa Fe, New M	30x 20	88		5. Indicate Ty 6. State Oil & B-243	30 pe of Lease	STATE X	- 05607
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	TCES AND REPORTS COPPOSALS TO DRILL OR TO ERVOIR. USE "APPLICATION FOR SUCH PROPOSAL	OEEPEN OR PEI	OR PLUG BAC	K TO A	7. Lease Name	e or Unit agr	eement Nam	e
. Type of Well: OIL GAS WELL WELL	OTHER	INJE	CTION		EAST EUN	NONT UN	IIT	
Name of Operator OXY USA INC	D.				8. Well No.	37		
Address of Operator P.O. Box 502	250 Midland, TX 79710				9. Pool name		SVN RVR	ON
Well Location Unit Letter A : 660	_ Feet From TheNORT		Line and	990		rom The _	EAST	Line
Section 16	Township 19 S		_{nge} 37 E		NMPM	LEA		County
	10. ⊟evation <i>(Show</i> 3,690	whether	DF, RKB, RT, GR	?, etc.)				
1. Check Ap NOTICE OF IN REPORT REMEDIAL WORK	propriate Box to Indica TENTION TO: PLUG AND ABANDON	te Nat		JBSE	t, or Other QUENT	REPO	RT OF:	
	-					-		لسيبيا

11. Check A	ppropriate Box to Indi	cate Na	ature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK X ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB				
OTHER: CONVERT TO INJECTION	ON	Х	OTHER: CONVERT TO INJECTION X				

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 - 3950'

PBTD - 3943'

PERFS - 3765' - 3931'

MIRU PU, 10/15/93, NDWH NUBOP, RIH & TAG @ 3943'. CHC, TEST CSG TO 500#, HELD OK. PERF ADD'L INTERVAL W/ 2JSPF @ 3765-67, 77-85, 3797-3806, 25-31, 40-44, 52-64, 71-3883, 3909-3916' TOTAL 136 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3707', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 280#, HELD OK, RDPU 10/20/93.

SHUT-IN PENDING WATER INJECTION LINE.

Thereby certify that the int	ormation above is true and complete to the best of my knowledge	n and hal		R-2901
SIGNATURE	la l	je and bei	REGULATORY ANALYST	DATE 11 30 93
TYPE OR PRINT NAME	DAVID STEWART			TELEPHONE NO. 915 685-5717
(This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON	4		660 4 9 4 000
APPROVED BY		TILE .	1.2	DEC 1 3 1992