Submit 3 Copies to Appropriate **District Office** District I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OIL CONSERVATION DIVISION

Revised 1-1-89

WELL API NO.

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30 - 025 - 32700				
District II P.O.Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease				
<u>District III</u> 1000RioBrazos Rd.Aztec,NM87410	6. State Oil & Gas Lease No. B-1481				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit agreement Name				
1. Type of Well: OIL WELL WELL OTHER	STATE N				
2. Name of Operator OXY USA INC.	8. Well No. 6				
3. Address of Operator P.O. Box 50250 Midland, TX 79710	9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PG)				
4. Well Location Unit Letter K 2,050 Feet From The SOUTH Line and 2,020 Feet From The WEST Line					
Section 2 Township 22 S Range 36 E	NMPM LEA County				
10. Elevation (Show whether DF, RKB, RT, GR, etc., 3,522					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	ING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB X				
OTHER: OTHER: SET PR	ODUCTION CASING & CEMENT X				
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent date	s, ncluding estimated date of starting any proposed				
WORK) SEE RULE 1103.					

DRILL 7-7/8" HOLE TO TD OF 3800' 11/13/94, CHC. RIH W/ CDL-CNS-GR-DLL-MSFL-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3800'. M&P 500sx CL C LITE W/ 6% GEL + 5#/sx SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 245sx CL H W/ 5#/sx CAL SEAL, DISPLACE W/ FW, PLUG DOWN @ 0512HRS MST 11/14/94, CIRC 89sx CMT TO PIT, NMOCD NOTIFIED DID NOT WITNESS, WOC. REL RIG @ 0915HRS 11/15/94. SI WO COMPLETION UNIT.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	fullet		TILE	REGULATORY ANALYST	DATE 11 17 94
TYPE OR PRINT NAME	DAVID STEWART				TELEPHONE NO. 915 685-5717
(This space for State Use)		25-51 0 8			es Segri
APPROVED BY		,0%	TILE .		DATE