

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-

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

83480

7. Lease Name or Unit Agreement Name

Skelly Penrose B Unit

008637

8. Well No.

14

9. Pool name or Wildcat

037240

Langlie Mattix 7 Rvr Q-G

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 Water Injection

2. Name of Operator

OXY USA Inc.

16696

3. Address of Operator

P.O. Box 50250 Midland, TX 79710-0250

4. Well Location

Unit Letter N : 990 Feet From The South Line and 2310 Feet From The West Line

Section

32

Township

22S

Range

37E

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 ☐

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: ☐

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 - 3791' PBTD - 3768' PERFS - 3662-3784' PKR/CIDP - 3547'

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE  
EXPANSION OF THE WATERFLOOD UNIT.

1) NOTIFY ~~BEM~~/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.

2) RU PUMP TRUCK, CIRCULATE WELL WITH TREATED WATER, PRESSURE  
TEST CASING TO 500# FOR 30 MIN.

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

4/23/97

TYPE OR PRINT NAME

David Stewart

TELEPHONE NO 915685571

(This space for State Use)

ORIGINAL SIGNED BY DAVID STEWART  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: