Submit 3 Copies to Appropriate District Office

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

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	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	- 025 - 10541
<u>District II</u> P.O.Drawer DD,Artesia, NM 88210	Santa Fe, New Mexic		5. Indicate Type of Lease	020 10011
District III				STATE X FEE
1000RioBrazos Rd.Aztec,NM87410			6. State Oil & Gas Lease 1 B-3480'	No.
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	
1. Type of Well: OIL GAS WELL OTHER			SKELLY PENROSE B UNIT	
2. Name of Operator OXY USA INC.			8. Well No. 13	
3. Address of Operator P.O. Box 50250 Midland, TX 79710			9. Pool name or Wildcat  LANGLIE MATTIX 7 RVR Q-GB	
4. Well Location	<u> </u>		LANGEIE WATTIA	7 HVH Q-GB
Unit Letter M : 990	Feet From The SOUTH	Line and 990	Feet From The	WEST Line
Section 32	·		NMPM LEA	County
	10. Elevation (Show whether 3,390	er 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 X	REMEDIAL WORK	I	IG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AN	ID ABANDONMENT X
PULL OR ALTER CASING CASIN		CASING TEST AND CEM	ENT JOB	
OTHER:		OTHER:		
12.Describe Proposed orCompleted Operat	ions (Clearly state all pertinent details,	and give pertinent dates, nclu	uding estimated date of star	rting any proposed
work) SEE RULE 1103.				
	TD - 4003' PERFS - 3	3660' - 3792'		
MIRU PU 6/22/93, NDWH, NUBC C CMT W/ 2% CACL2 ON TOP C 2% CACL2 PLUG FROM 2682'- 450#, WOC. RIH & TAG TOC @ RDPU 7/1/93. REMOVE WH, INS	DF CIBP 3585' - 3345' CIRC 2442''. POOH, PERF 2 HOLE 361', M&P 160SX CL C CMT	HOLE W/ MUD-LADE ES @ 1300', M&P 1250 W/ 2% CACL2, CIRC 1	N FLUID, POOH SPO SX CL C CMT W/ 2%	OT 25 SX CL C W/ CACL2, SQZ TO
TYPE OR PRINT NAME: David Stewart	and complete to the best of my knowledge and	5 1 11 1	· · · · · · · · · · · · · · · · · · ·	DATE 09 03 93
TYPE OR PRINT NAME DAVID STEWART			TELEPHONE	NO. 915 685-5717
(This space for State Use)				JAN 14 1999

TILE

\_ DATE \_\_

PECEIVED

SEP 0.7 1993