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 OIL CONSERVATION DIVISION	WELL API NO.	20 005 40545			
District II P.O. Drawer DD, Artesia, NM 88210 P.O. Drawer DD, Artesia, NM 88210 P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088	5. Indicate Type of	30 - 025 - 10545			
District III	a. situscate Type o	STATE X FEE			
1000RioBrazos Rd.Aztec,NM87410	6. State Oil & Gas B2330	Lease 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 X GAS THE OTHER	SKELLY PEN	ROSE B UNIT			
2. Name of Operator OXY USA INC.	8. Well No.	1			
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					
Unit Letter E: 1,980 Feet From The NORTH Line and 990	Feet From	The WEST Lin			
Section 32 Township 22 S Range 37 E	IMPM L	EA County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,361					
11. Check Appropriate Box to Indicate Nature of Notice, Report	, or Other Da	ıta			
NOTICE OF INTENTION TO: SUBSEC	QUENT RE	PORT OF:			
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK	X AL	TERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING C	PNS. PL	UG AND ABANDONMENT			
CASING TEST AND CEMENT JOB					
OTHER: OTHER:					
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent dates, ncluwork) SEE RULE 1103.	ding estimated date	e of starting any proposed			
TD - 3820' PERFS - 3608' - 3749'					
MIRU PU 5/18/93, NDWH NUBOP, POOH W/ RODS, PUMP & TBG, RIH & TAG @ 37 TO 500# HELD OK. ACIDIZE W/ 3000 GAL 15% NEFE HCL ACID. RIH W/ 2-3/8" TEX 16' BHD PUMP ON 66-RD STR, RDPU 5/24/93, START WELL PUMPING TO BATTE	3G & SET @ 3	3793', RIH W/ 2" X 1-1/2"			
NMOCD POTENTIAL TEST 6/21/93 - 24HR 8-BO 70-BW GAS-TSTM					

Thereby certify that the information at SIGNATURE	bove is true and complete to the best of my ki	nowledge and b	Production Accountant	DATE 06 24 93	
TYPEORPHINT NAME David Stewart				TELEPHONE NO. 915 685-5717	
(This space for State Use)	Orig. Signed by Paul Kautz			0.0.4000	
APPROVED BY	Genlogist	TITLE		DE 2 8 1993	
CONDITIONS OF APPROVAL, IF ANY:					

IIIN 25 1993