Submit 3 Copies to Appropriate District Office District 1

State of New Mexico Encision, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO.	- 025 - 09975
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	FEE X
SUNDRY NOTICE	ES AND REPORTS ON WE	LLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit agreement Name	
(FORM C-101	i) FOR SUCH PROPOSALS.)		BRUNSON B	
OIL GAS X	GAS 🕎		Brieflech B	
2. Name of Operator OXY USA INC.			8. Well No. 2	
3. Address of Operator P.O. Box 50250 Midland, TX 79710			9. Pool name or Wildcat	
4. Well Location			BLINEBRY OIL & G	IA5
Unit Letter K : 1,912	Feet From The SOUTH	Line and1,912	Feet From The	WEST Line
Section 3	Township 22 S Ra	unge 37 E	NMPM LEA	County
	10. Elevation <i>(Show whether</i> 3,420	DF, RKB, RT, GR, etc.)		
	opriate Box to Indicate Nat	ture of Notice, Repor	rt, or Other Data	
NOTICE OF INTENTION TO: SUBSE			QUENT REPOR	T OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	XALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND	ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEM	ENT JOB	
OTHER:		OTHER:	·····-	
12.Describe Proposed orCompleted Operations	s (Clearly state all pertinent details, a	and give pertinent dates, no	luding estimated date of starti	ng any proposed
work) SEE RULE 1103.				
TD -	6567' PBTD - 6472'	PERFS - 542'7'	- 5808'	
MIRU PU 6/28/94, NDWH, NUBOP,	POOH W/ PKR & 2-1/16" T	BG. CLEAN OUT. FIII	H W/ CIBP & SET @ 5	836'. RIH W/ PKR
& 3-1/2" TBG, ACIDIZE BLINEBRY F	PERFS W/ 5000GAL ONE S	HOT ACID. FRAC BL	INEBRY PERFS W/ 50	0000 GAL 50
QUAL CO2 FOAMED X-LINKED GE				
CLEAN UP. POOH W/ 3-1/2" TBG, WELL ON LINE AND TEST WELL:	MIN W/ FKN & 2-1/10 10G	a sei PKH @ 5326.	ND BOP, NOVIH, RD	PU 7/11/94. PUT
NIMOOD OALID DOTENTI	AL TEST 7/07/04 FLVAID 00	0.110ED 0.00 0.00		
NMOCD 24HH POTENTIA	AL TEST 7/27/94 - FLWD 28	3 MCFD 3-BO 8-BW	ON OPEN CHOKE	
I hereby certify that the information above is true and	complete to the best of my knowledge and	belief.		
SIGNATURE Vint State	<u>/</u> mu	E REGULATORY	ANALYST	DATE 08 10 94
TYPEORPHINT NAME DAVID STEWART	Γ		TELEPHONEN	o. 915 685-5717
(This space for State Use)				AUG 12 199
		granita.	3 8 3 3	
APPROVED BY		<u> </u>	<u> </u>	DATE
CONDITIONS OF APPROVAL IF ANY:				

ZP n. 1. 1