

Submit 3 Copies  
to Appropriate  
District Office

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

WELL API NO.	30 - 025 - 10626
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit agreement Name	SKELLY PENROSE B UNIT
8. Well No.	30
9. Pool name or Wildcat	LANGLIE MATTIX 7 RVR QN-GB
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3,336

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	2. Name of Operator OXY USA INC.
3. Address of Operator P.O. Box 50250 Midland, TX 79710	4. Well Location Unit Letter <u>E</u> : <u>1,980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>23 S</u> Range <u>37 E</u> NMPM LEA County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>CONVERT TO INJECTION</u> <input checked="" type="checkbox"/>		OTHER: <u>CONVERT TO INJECTION</u> <input checked="" type="checkbox"/>	

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 - 3740' PBD - 3714' PERFS - 3531' - 3668'

MIRU PU 10/19/93, POOH W/ RODS & PUMP, NDWH, NUBOP, POOH W/ TBG. RIH & SET RBP @ 3475, ISOLATE CSG LK, EIR @ 1-1/2 BPM @ 1600#. RIH & SET CR @ 2042', M&P 200sx CL C W/ 3% CACL2, WOC. EIR @ 1-1/2 BPM @ 1500# M&P 200sx CL C W/ 2% CACL2, WOC. DO CMT, RDP 11/2/93, WO LINER. RUPU 11/11/93, RIH & TAG @ 3660', MILL, DRILL & CLEAN TO 3740', POOH. RIH W/ 4" 11.34# FJ LINER & SET @ 3734', M&P 200sx HLP FOLLOWED BY 100sx CL C, CIRC TO 30sx TO PIT, WOC. RIH & TAG @ 3563', DO TO 3714'. RUN CBL-TOC-380', PERF 2 HOLES @ 375', M&P 30sx CL C W/ 3% CACL2, CIRC 8sx TO PIT, WOC. RIH & DO, TEST CSG TO 500#, HELD OK. PERF 2SPF @ 3531-53, 62-77, 84-90, 3610-35, 51-3668' TOTAL 180 HOLES. ACIDIZE W/ 4000 GAL 15% NEFE HCL ACID. POOH, RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & SET @ 3489', CIRC W/ PKR FLUID, NDBOP, NUWH, TEST CSG TO 600#, HELD OK, RDP 11/30/93.

START WATER INJECTION 12/3/93 @ 439 BWPD @ 300#.

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 06 10 94  
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL TO BE FILED IN  
OIL CONSERVATION DIVISION

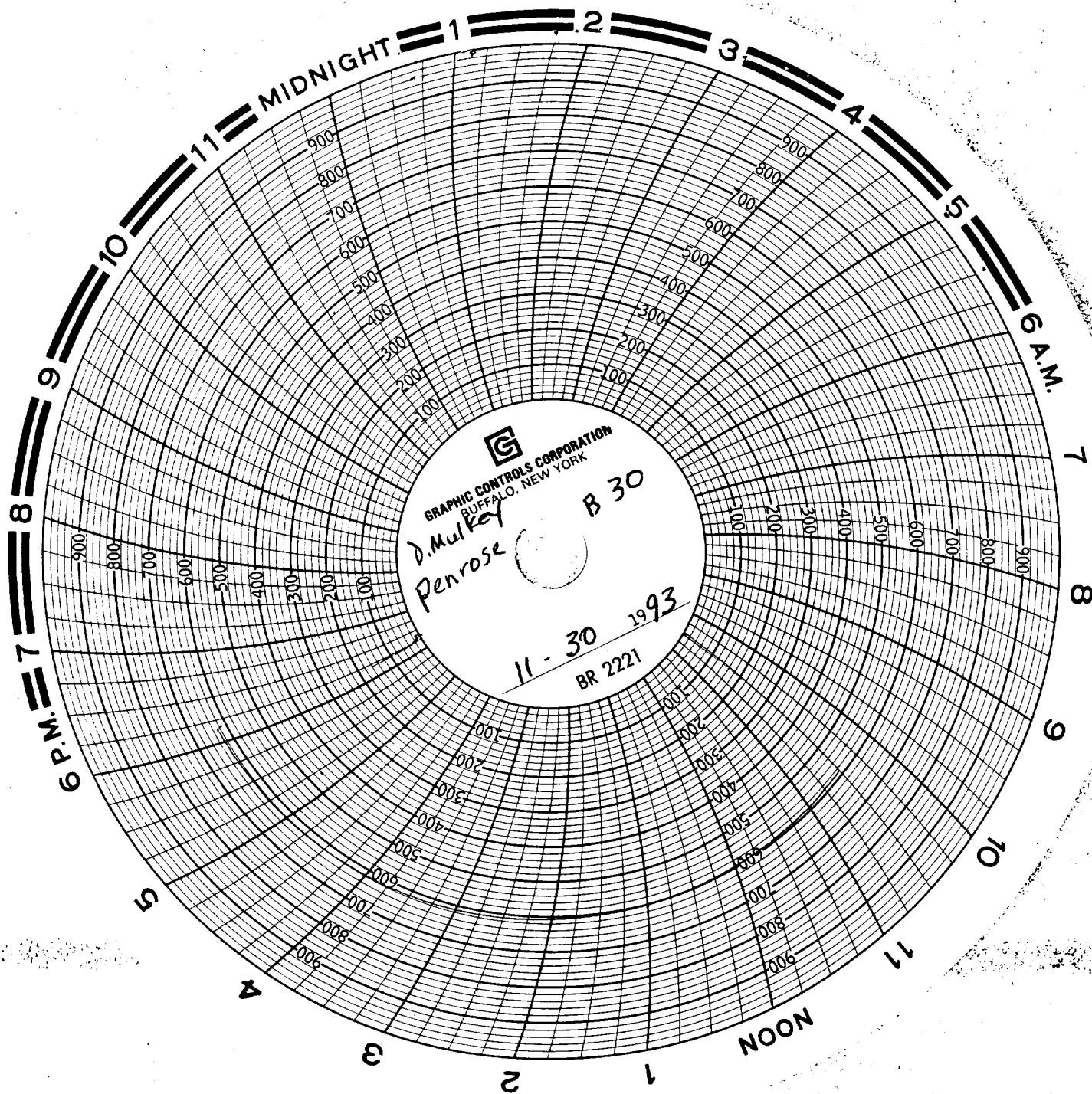
JUN 14 1994

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RECEIVED

JUN 12 1994

U.S. HOUSE  
OFFICE



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to Appropriate  
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State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONVERSATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30 - 025 - 10626 ✓

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit agreement Name

SKELLY PENROSE B UNIT

8. Well No.  
30

9. Pool name or Wildcat  
LANGLIE MATTIX 7 RVR Q-GB

**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

2. Name of Operator  
OXY USA INC.

3. Address of Operator  
P.O. Box 50250 Midland, TX 79710

4. Well Location  
Unit Letter E : 1,980 Feet From The NORTH Line and 660 Feet From The WEST Line  
Section 4 Township 23 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3,336

**11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe Proposed or Complete Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.

TD - 3687' PBD - 3667' PERFS - 3505' - 3667'

MIRU PU, NDWH, NUBOP, POOH W/ RODS ,PUMP & TBG., CLEAN OUT TO 3667'. TEST CSG TO 500#, HELD OK. RIH W/ 2 3/8" TBG & SET @ 3594'. RIH W/ 2" X 1 1/2" X 16' BHD PUMP ON 3/4" & 7/8" RODS. NDBOP, NUWH, RDP. START WELL PUMPING THRU TEST SEP. @ 9-SPM x 58" FOR 2-BO 26-BW IN 24 HRS. GAS RATE TSTM.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Production Accountant DATE 04 08 93  
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY ORIGINAL WORKED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE APR 12 1993  
CONDITIONS OF APPROVAL, IF ANY:

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Oxy USA, Inc.</b>		Well API No. <b>30-025-10626</b>
Address <b>PO Box 50250, Midland, TX 79710</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective February 1, 1993
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</b>		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Skelly Penrose "B" Unit</b>	Well No. <b>30</b>	Pool Name, Including Formation <b>Langlie Mattix SR-Q-GB</b>	Kind of Lease State, Federal <input checked="" type="checkbox"/> Fee	Lease No. <b>Fee</b>
Location Unit Letter <b>E</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line Section <b>4</b> Township <b>23S</b> Range <b>37E</b> , <b>NMPM</b> , <b>Lea</b> County				

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 1910, Midland TX 79702</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM Gas Corp</b> <b>Texaco E&amp;P Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>1040 Plaza Of Bldg, Bartlesville OK 74004</b> <b>PO Box 3000, Tulsa OK 74102</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>5</b>
	Twp. <b>23S</b>	Rge. <b>37E</b>
	Is gas actually connected? <b>Yes</b> When? <b>Unknown</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

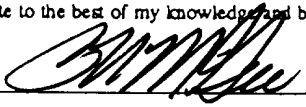
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature   
**P. N. McGee, Attorney-in-Fact**  
Printed Name **1-15-93** Title **915/685-5600**  
Date Telephone No.

#### OIL CONSERVATION DIVISION

**FEB 08 1993**

Date Approved \_\_\_\_\_  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
Title \_\_\_\_\_

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.