Submit 3 Copies to Appropriate District Office

State of New Mexico Energ, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

<u>District I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT		WELL API NO.	- 025 - 10626
<u>District II</u> P.O.Drawer DD,Artesia, NM 88210	Santa Fe, New Mexi		5. Indicate Type of Lease	
<u>District III</u> 1000RioBrazos Rd.Aztec,NM87410			6. State Oil & Gas Lease No	TATE FEE X
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVE	DIR. USE "APPLICATION FOR I	EN OR PLUG BACK TO A	7. Lease Name or Unit agre	ement Name
1. Type of Well: OIL GAS WELL WELL	other IN	JECTION	SKELLY PENROSE	B UNIT
2. Name of Operator OXY USA INC.		*	8. Well No. 30	
3. Address of Operator P.O. Box 50250	Midland, TX 79710		9. Pool name or Wildcat LANGLIE MATTIX	7 RVR QN-GB
4. Well Location Unit LetterE	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 whee 3,336	ther DF, RKB, RT, GR, etc.)		
	ropriate Box to Indicate I			
NOTICE OF INT	ENTION TO:	SUBSE	QUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERIN	G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AN	D ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEM	ENT JOB	
OTHER: CONVERT TO INJECTION	X	OTHER: CONVERT T	O INJECTION	X
12.Describe Proposed orCompleted Operation work) SEE RULE 1103. TD -	ons (Clearly state all pertinent detail 3740' PBTD - 3714			ting any proposed
MIRU PU 10/19/93, POOH W/ ROLK, EIR @ 1-1/2 BPM @ 1600#. I 1500# M&P 200sx CL C W/ 2% C MILL, DRILL & CLEAN TO 3740', I 100sx CL C , CIRC TO 30sx TO P 375', M&P 30sx CL C W/ 3% CAC 3531-53, 62-77, 84-90, 3610-35, 5 W/ BAKER AD-1 PKR & 2-3/8" TBG RDPU, 11/30/93.	RIH & SET CR @ 2042', M ACL2, WOC. DO CMT, RI POOH. RIH W/ 4" 11.34# IT, WOC. RIH & TAG @ 3 IL2, CIRC 8sx TO PIT, WO .1-3668' TOTAL 180 HOLE G & SET @ 3489', CIRC W	I&P 200sx CL C W/ 3% CDPU 11/2/93, WO LINER FJ LINER & SET @ 373/ 563', DO TO 3714'. RUN C. RIH & DO, TEST CSC S. ACIDIZE W/ 4000 GA V/ PKR FLUID, NDBOP, N	CACL2, WOC. EIR @ . RUPU 11/11/93, RI 4', M&P 200sx HLP F N CBL-TOC-380', PEF G TO 500#, HELD ON NL 15% NEFE HCL AC	1-1/2 BPM @ H & TAG @ 3660', OLLOWED BY RF 2 HOLES @ C. PERF 2SPF @ CID. POOH, RIH
177 X-1643	VATER INJECTION 12/3/9		· .	
I hereby certify that the information above is true at	nd complete to the best of my knowledge		ANIAI VET	DATE 06 10 94
TYPE OR PRINT NAME DAVID STEWA	RT	TILE REGULATORY	TELEPHONE	
(This space for State Use)		gregikas (b. 12)	kung ing pagamag danggas Banggasalakan	JUN 1 4 199

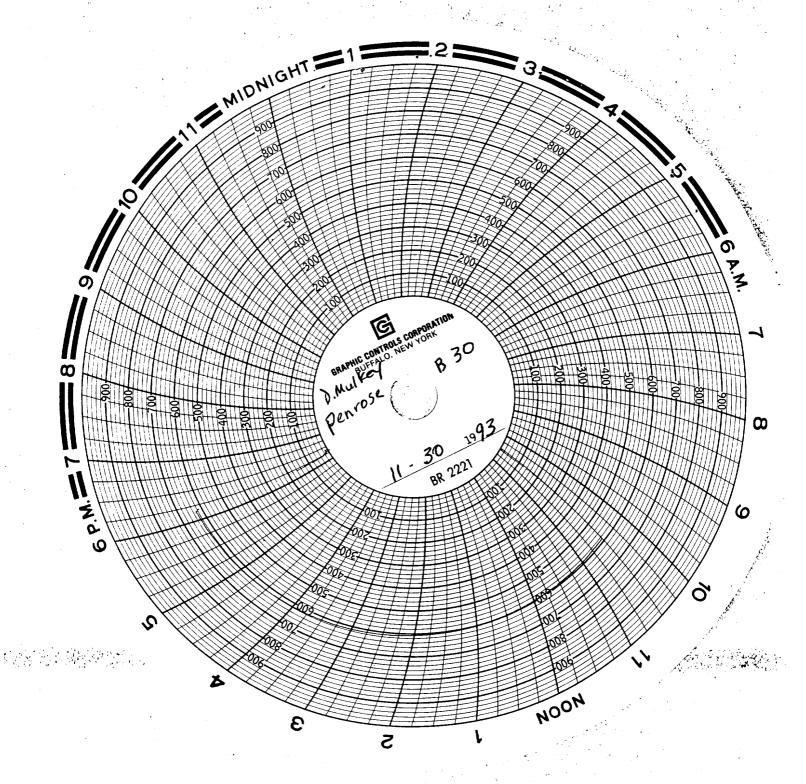
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:

__ DATE _

FICEIVED

JUN [] 1994

DEFICE



Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

#1, 3

Form C-103

Revised 1-1-89

Santa Fe, New Microto 87504-2088 S. Indicate Type of Lensee STATE FEE	P.O. BOX 1980, HODDS, NM 66240	ATION DIVISION 0x 2088	WELL API NO. 30 - 025 - 10626
SUNDRY NOTICES AND REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOP BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS ON WELLS ON WELLS (100 NOT USE THIS FORM FOOR BOARD REPORTS ON WELLS O	District II		5. Indicate Type of Lease
CONTINENT THIS FORM FOR PROPOPALS TO DRILL ON TO DEPEND ON PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMITT"			
OIL WELL WILL OTHER 2. Name of Operator OXY USA INC. 3. Address of Operator OXY USA INC. 3. Address of Operator P.O. BOX 50250 Midland, TX 79710 1. Pool name of Wildoat LANGLIE MATTIX 7 RVR Q-GB 1. ANGLIE MATTIX 7 RVR Q-GB 1. ANGLIE MATTIX 7 RVR Q-GB 1. Line and 660 Fost From The WEST Line Socion 4 Township 23 S Range 37 E NMPM LEA County 1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TO - 3687' PBTD - 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, RDPU. START WELL PUMPING THRU TEST SEP. @ 9-SPM x 58' FOR 2-BO 26-BW IN 24 HRS. GAS RATE TSTM. APR 12 1993 APR 12 1993 APR 12 1993	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DI DIFFERENT RESERVOIR. USE "APPLICATION FO	EEPEN OR PLUG BACK TO A OR PERMIT"	7. Lease Name or Unit agreement Name
Address of Operator A. Address of Operator P.O. Box 50250 Midland, TX 79710 A. Well Location LANGLIE MATTIX 7 RVR Q-GB A. Well Location LANGLIE MATTIX 7 RVR Q-GB A. Well Location LANGLIE MATTIX 7 RVR Q-GB REST ROW, ROW, ROW, ROW, ROW, ROW, ROW, ROW,	OÎL [▽] GAS [─]		SKELLY PENROSE B UNIT
P.O. Box 50250 Midland, TX 79710 LANGLIE MATTIX 7 RVR Q-GB 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 Runge 37 E NNPW LEA County 10. Blevation (Show whether DY, RVX, RT, QR, etc.) 3,336 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ALTERING CASING CHANGE PLANS CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: 12. Describe Proposed or Complete Operations (Chearty state all pertinent details, and give pertinent dates, including estimated date of starting any anoth) SEE RULE 1103. TD - 3687' PBTD - 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, RDPU. START WELL PUMPING THRU TEST SEP. @ 9-SPM x 58' FOR 2-BO 26-BW IN 24 HRS. GAS RATE TSTM. The Production Accountant Date 04 08 93 TOPE OR FRENT NAME David Stewart TELEPHONE NO. 915 685-5717 TIME PRODUCTION ACCOUNTANT TELEPHONE NO. 915 685-5717	2. Name of Operator OXY USA INC.		
Well Location Unit Letter E 1,980 Feet From The NORTH Une and 660 Feet From The WEST Une Section 4 Township 23 S Range 37 E NMPM LEA County			9. Pool name or Wildcat
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CHIGINAL SHEWARD BY JERRY SEXTON	SIGNATURE SIGNATURE		TELEMENO
CAIGINAL SACRASS BY JERRY SEXTON	(This snace for State Use)		
	GAIGINAL SERNAS BY JERRY SEXTON	TITLE	

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Lnergy, Minerals and Natural Resources Depart.....

OIL CONSERVATION DIVISION

⋠- -

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM	87410	

I			WABLE AND					
Operator Oxy USA, Inc. Address				Well API No. 30-025-10626				
PO BOX 50250 Reason(s) for Filing (Check proper be New Well Recompletion Change in Operator	ox)	ge in Transporter o	Ot	her (<i>Please exp</i> Effect		bruary	1, 19	93
If change of operator give name and address of previous operator	Sirgo Opera		nc., PO Bo	ox 3531	, Midl	and, T	X 797	02
II. DESCRIPTION OF WEI Lease Name Skelly Penrose "	Well		ncluding Formation		Kind GB State	of Lease, Federal of Fe		Lease No.
Location Unit Letter E	: 1980	Feet From Th	eNorth Lin	e and 660	F	eet From The	West	Line
Section 4 Town		Range 37		МРМ,	Lea			County
III. DESIGNATION OF TR. Name of Authorized Transporter of Oi		OIL AND NA	TURAL GAS	a address to w	Lieb annum			
Shell Pipeline C	orp.		PO Box	e address to wi	Midla Midla	nd TX	form is 10 be s 79702	rent)
Vanue of Authorized Transporter of Casinghead Gas X or Dry Gas GPM Gas Corp Texaco E&P Inc. [well produces oil or liquids, Unit Sec. Twn. Roe		Address (Giy PO BO)	Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Of Bldg, Bartles Ville OK PO Box 3000. Tulsa OK 74102			fe ok 74		
ove location of tanks.	Unit Sec.	[23S 37E	Yes	Yes Unknown				
this production is commingled with the V. COMPLETION DATA	***************************************							
Designate Type of Completion	on - (X) Oil W	ell Gas We	II New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Pale Spudded	Date Compl. Read	to Prod.	Total Depth		<u>L </u>	P.B.T.D.	<u> </u>	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas F	Top Oil/Gas Pay		Tubing Depth		
erforations	<u>k</u>					Depth Casin	g Shoe	
	TUBIN	G, CASING AI	VD CEMENTIN	IG RECORI	D	ł		
HOLE SIZE	CASING &	TUBING SIZE		DEPTH SET		SACKS CEMENT		
. TEST DATA AND REQUI								
IL WELL (Test must be after ate First New Oil Run To Tank	Date of Test	se of load oil and n	Producing Met	exceed top allow hod (Flow, pun	wable for this np, gas lift, et	depth or be fo	or full 24 how	·s.)
ength of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size		
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.		Gas- MCF		
AS WELL								
ciual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
ting Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressur	Casing Pressure (Shut-in)		Choke Size		
I. OPERATOR CERTIFIC I hereby certify that the rules and regularity Division have been complied with and	ulations of the Oil Cons	ervation	0	IL CONS	SERVA			N
is true and complete to the best of my	knowledge and belief.		Date	Approved		FEB 0	8 1993	
Signature P. N. McGee, Att	orney-in-Fac	t	Ву	ORIGINAL S			XTON	
Printed Name 1-15-93	915/68	Title	Title_		MGT I SUP	MK VISOR		

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

Date

- 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.

Telephone No.

- 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.