Sobmit 3 Copies
District Office

## State of New Mexico En€ , Minerals and Natural Reseurces Department

Form C-103 Revised 1-1-89

District I P.O. Box 1980, Hobbs, NM 88240 P.O. Box		WELL API NO.	25 - 10627
District II	0 N M 07504 0000		
District III		STATE  6. State Oil & Gas Lease No.	FEE X
1000RioBrazos Rd.Aztec,NM87410		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE DIFFERENT RESERVOIR. USE *APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit agreement	Name
1. Type of Well: OIL GAS OTHER INJECTION		SKELLY PENROSE B UNIT	
2. Name of Operator OXY USA INC.		8. Well No. 17	
3. Address of Operator		9. Pool name or Wildcat	D ON CB
P.O. Box 50250 Midland, TX 79710		LANGLIE MATTIX 7 RV	H QIN-GB
Unit Letter D : 660 Feet From The NORTH	Line and 660	Feet From TheWE	ST Line
Section 4 Township 23 S	Range 37 E	NMPM LEA	County
10. Elevation (Show who 3,351	ether 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 X PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CAS	SING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			
OTHER:			X
12.Describe Proposed orCompleted Operations (Clearly state all pertinent deta work) SEE RULE 1103.	ails, and give perbnent dates, no	juding estimated date or starting an	y proposea
TD - 3720' PBTD - 372	0' PERFS - 3562'	- 3687'	
MIRU PU 7/26/93, NDWH, NUBOP. RIH & TAG @ 3495', W/ 2SPF @ 3571-85, 3590-3604, 10-18, 26-32, 39-45, 52-63 15% NEFE HCL ACID. RIH W/ GUIB G-6 PKR & 2-3/8" TBC CSG TO 500#, HELD OK, RD PU 7/30/93. SHUT-IN PEND	3, 75-80, 83-3687', TOTA à & SET @ 3511', NDBO ING INJECTION.	L 152 HOLES. ACIDIZE W P, NUWH. CIRC W/ PKR F	/ 5000GAL
PUT WELL ON INJECTION 10	/5/93 @ 32BWPD @ 950	<b>)#</b> .	
Thereby certify that the information above is true and complete to the best of my knowledge	e and belief.	···	
SIGNATURE //w/ Start	TITLE REGULATORY	ANALYST DATE	10 15 93
TYPE OR PRINT NAME DAVID STEWART		TELEPHONENO. C	015 685-5717
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON			
DISTRICT I SUPERVISOR	TITLE	<b>D</b>	CT <b>1</b> 8 <b>199</b> 3

BARRE

CONDITIONS OF APPROVÂL, IF ANY: