bmit 3 Copies Appropriate District I

State of New Mexico , Minerals and Natural Resources Department

Form C-103

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

Revised 1-1-89

WELL API NO.

District II	P.O. Box 2088		WELL ATTIO.	30 - 025 - 10629		
P.O.Drawer DD,Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lea			
District III			The second of th	STATE FEE X		
1000RioBrazos Rd.Aztec,NM87410			6. State Oil & Gas Leas	s∈ No.		
SUNDRY NOTICES	S AND REPORTS ON W	FUS				
(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:		SKELLY PENROSE B UNIT				
OIL GAS WELL WELL	OTHER INJI	ECTION				
2. Name of Operator OXY USA INC.			8. Well No.			
3. Address of Operator			9. Pool name or Wildca	ıt		
P.O. Box 50250 Midland, TX 79710			LANGLIE MATTIX 7 RVR QN-GB			
4. Well Location	NORTH					
Unit Letter B : 660 Fe	et From The NORTH	Line and1,980	Feet From The	EAST Line		
Section 5 To	<u> </u>		NMPM LEA	County		
	10. Elevation <i>(Show wheth</i>) 3,365	er DF, RKB, RT, GR, etc.)				
11. Check Approp	oriate Box to Indicate Na	ature of Notice, Repor	t. or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK X PL	UG AND ABANDON	REMEDIAL WORK	F	RING CASING		
TEMPORARILY ABANDON C	HANGE PLANS	COMMENCE DRILLING	OPNS. PLUG	AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB				
OTHER:		OTHER: RE-ACTIVATE INJECTION WELL X				
12.Describe Proposed orCompleted Operations	(Clearly state all pertinent details,	and give pertinent dates, nck	uding estimated date of	starting any proposed		
work) SEE RULE 1103.						
TD - 37	'50' PBTD - 3750'	PERFS - 3645' -	3747'			
MIRU PU 8/2/93, NDWH, NUBOP. RIH & TAG CIBP @ 3563', DO & CO TO 3750', POOH. PERF ADD'L QUEEN W/ 2SPF						
@ 3660-63, 65-70, 77-82, 84-91, 3699-3700, 08-12, 31-36, 3742-3747', TOTAL 86 HOLES. ACIDIZE W/ 4000GAL 15% NEFE						
HCL ACID. RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET @ 3568', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO						
500#, HELD OK, RD PU 8/6/93. SHUT-IN UNTIL WATER INJECTION STARTS.						

PUT WELL ON INJECTION 10/5/93 @ 60BWPD @ 960#.

I hereby certify that the information above is true and complete to the best of my knowled	ge and bel	ief.	
SIGNATURE Sally	mle	REGULATORY ANALYST	DATE 10 15 93
TYPEORPHINT NAME DAVID STEWART			TELEPHONE:NO. 915 685-5717
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON			
DISTRICT I SUPERVISOR APPROVED BY	TITLE		0 GT 1 8 1993
CONDITIONS OF APPROVAL, IF ANY:			

