Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District I P.O. Box 1980, Hobbs, NM 88240 District II

OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

<u>District III</u> 1000RioBrazos Rd.Aztec,NM87410

P.O.Drawer DD, Artesia, NM 88210

WELL API NO. 30 - 025 - 10630 ₽

5. Indicate Type of Lease	·	
	STATE	FEE X
6. State Oil & Gas Lease	No.	

OXY USA INC.   28			
The such proposals.)  1. Type of Well: OIL X WELL OTHER  2. Name of Operator P.O. Box 50250 Midland, TX 79710  4. Well Location Unit Letter G : 1,980 Feet From The NORTH Line and 1,980 Feet From The EAST Line Section 5 Township 23 S Range 37 E NMPM LEA County  17. Lease Name or Unit agreement Name  7. Lease Name or Unit agreement Name  8. Well No.  28  9. Pool name or Wildcat  LANGLIE MATTIX 7 RVR Q-GB  Line and 1,980 Feet From The EAST Line  Section 5 Township 23 S Range 37 E NMPM LEA County			
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: OIL X 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 G : 1,980 Feet From The NORTH Line and 1,980 Feet From The EAST Line Section 5 Township 23 S Range 37 E NMPM LEA County		7. Lease Name or	Unit agreement Name
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P.O. Box 50250 Midland, TX 79710  LANGLIE MATTIX 7 RVR Q-GB  4. Well Location  Unit Letter G : 1,980 Feet From The NORTH Line and 1,980 Feet From The EAST Line  Section 5 Township 23 S Range 37 E NMPM LEA County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)	2 Address of Operator		
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	Section 5 Township 23 S Range 37	E NMPM L	_EA County
0,043	10. Elevation (Show whether DF, RKB, 3,349	RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	11. Check Appropriate Box to Indicate Nature of N	lotice. Report, or Other Da	eta

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

TD - 3750' PBTD - 3745' PERFS - 3628' - 3724'

NMOCD POTENTIAL TEST 5/6/93 - 24HR 3-BO 43-BW GAS-TSTM

I hereby certify that the information above is true and complete to the best of my k	nnularina and haliaf	
SIGNATURE flas files	πιε Production Accountant	DATE 05 14 93
TYPE OR PHINT NAME David Stewart		1ELEPHONE NO. 915 685-5717
(This space for State Use)  ORIGINAL MANNE BY JERRY SEXTON  APPROVED BY  BISTON TO SUPPLY VISION	TITLE	MAY 2 0 1993

CONDITIONS OF APPROVAL, IF ANY:

MAY 1 9 1993

RECEIVED