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
1000RioBrazos Rd.Aztec,NM87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

WELL API NO. 30 - 025 - 10631

5. Indicate Type of Lease STATE [ ] FEE [X]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit agreement Name: SKELLY PENROSE B UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER INJECTION

2. Name of Operator: OXY USA INC.

8. Well No. 27

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 Letter F : 1,980 Feet From The NORTH Line and 1,980 Feet From The ~~EAST~~ West Line

Section 5 Township 23 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,348

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 CASING	
TEMPORARILY ABANDON		CHANGE 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 or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD - 3770' PBTD - 3768' PERFS - 3660' - 3763'

MIRU PU 8/10/93, NDWH, NUBOP. RIH & TAG @ 3714', DO & CO TO 3768', POOH. PERF ADD'L QUEEN W/ 2SPF @ 3683, 84, 90, 92, 94, 96, 3717-23, 3739-3763', TOTAL 38 HOLES. ACIDIZE W/ 4000GAL 15% NEFE HCL ACID. RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET @ 3586', NDBOP, NUWH. CIRC W/ PKR FLUID, TEST CSG TO 500#, HELD OK, RD PU 8/20/93. SHUT-IN PENDING INJECTION.

PUT WELL ON INJECTION 10/5/93 @ 260 BWPD @ 990#.

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

SIGNATURE [signature] TITLE REGULATORY ANALYST DATE 10 15 93

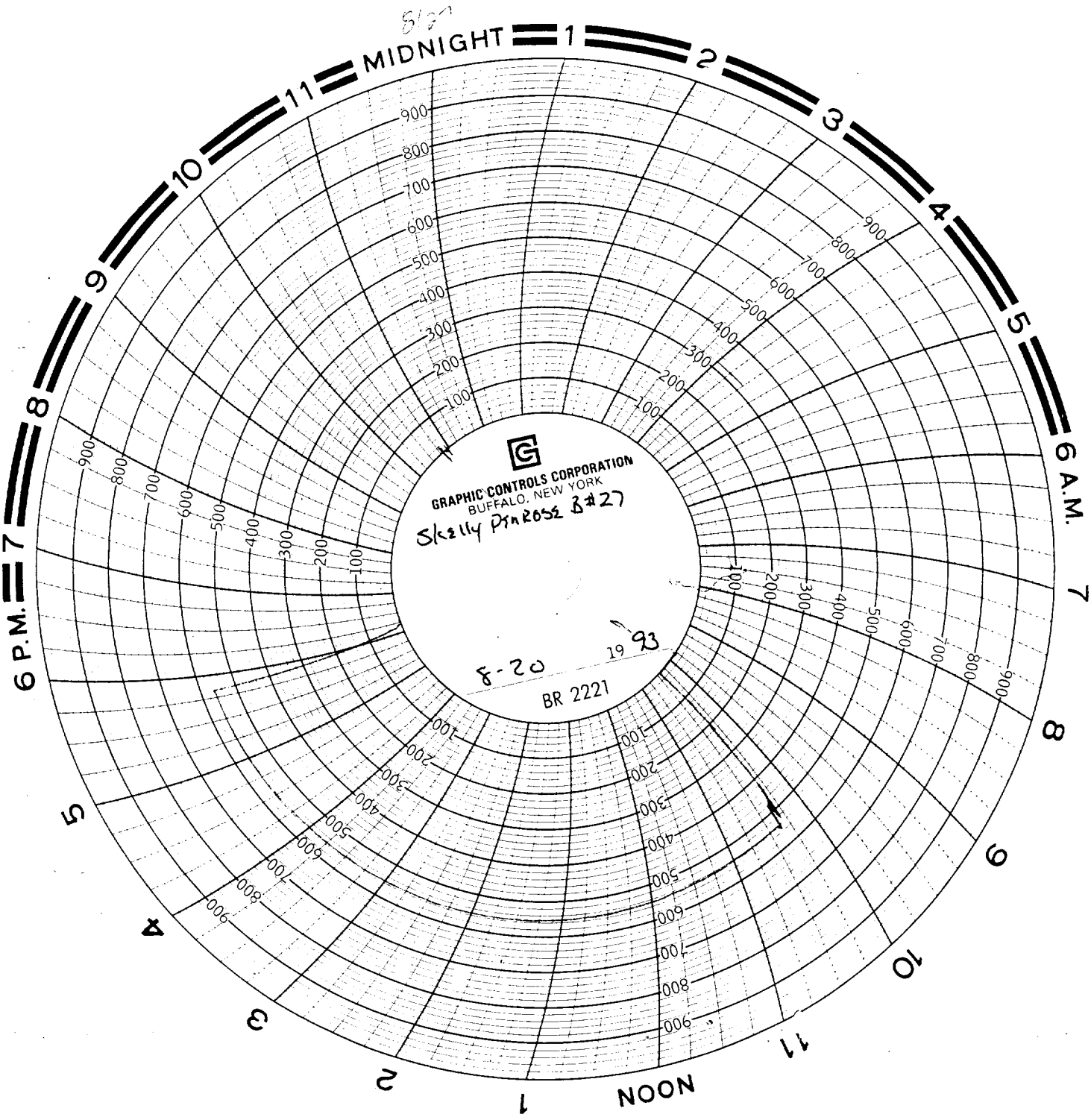
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE OCT 18 1993

CONDITIONS OF APPROVAL, IF ANY:

JW
C-A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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Skelly Pyn Rose B #27
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BR 2221