

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

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-10634

5. Indicate Type of Lease

STATE ☐

FEE ☒

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Injection

2. Name of Operator

OXY USA Inc.

16696

3. Address of Operator

P.O. Box 50250

Midland, TX

79710

7. Lease Name or Unit Agreement Name

Skelly Penrose B Unit
008637

8. Well No.

26

9. Pool name or Wildcat

37240

Langlie Mathis TRUR Qu-6B

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West Line

Section 5

Township 23S

Range 37E

NMPM

Lea

County

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

3367'

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: Test Tbg ☒

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 - 3780' PSTD - 3774' Perts - 3659-3768'

MIRU PU 7/6/95, NDUWH, NUBOP. POOTH w/ tbg & PKR.
RIH w/ Guib 6-6 PKR & 2 3/8" tbg, test tbg to 3000#,
replace 1 jt tbg. Circ w/ pkr fluid, set pkr @ 3615'.
Test csg to 300#, held OK, ROPU 7/6/95. Put well
back on injection.

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

SIGNATURE

David Stewart

TITLE

Regulatory Analyst

DATE

9/2/95

TYPE OR PRINT NAME

David Stewart

TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

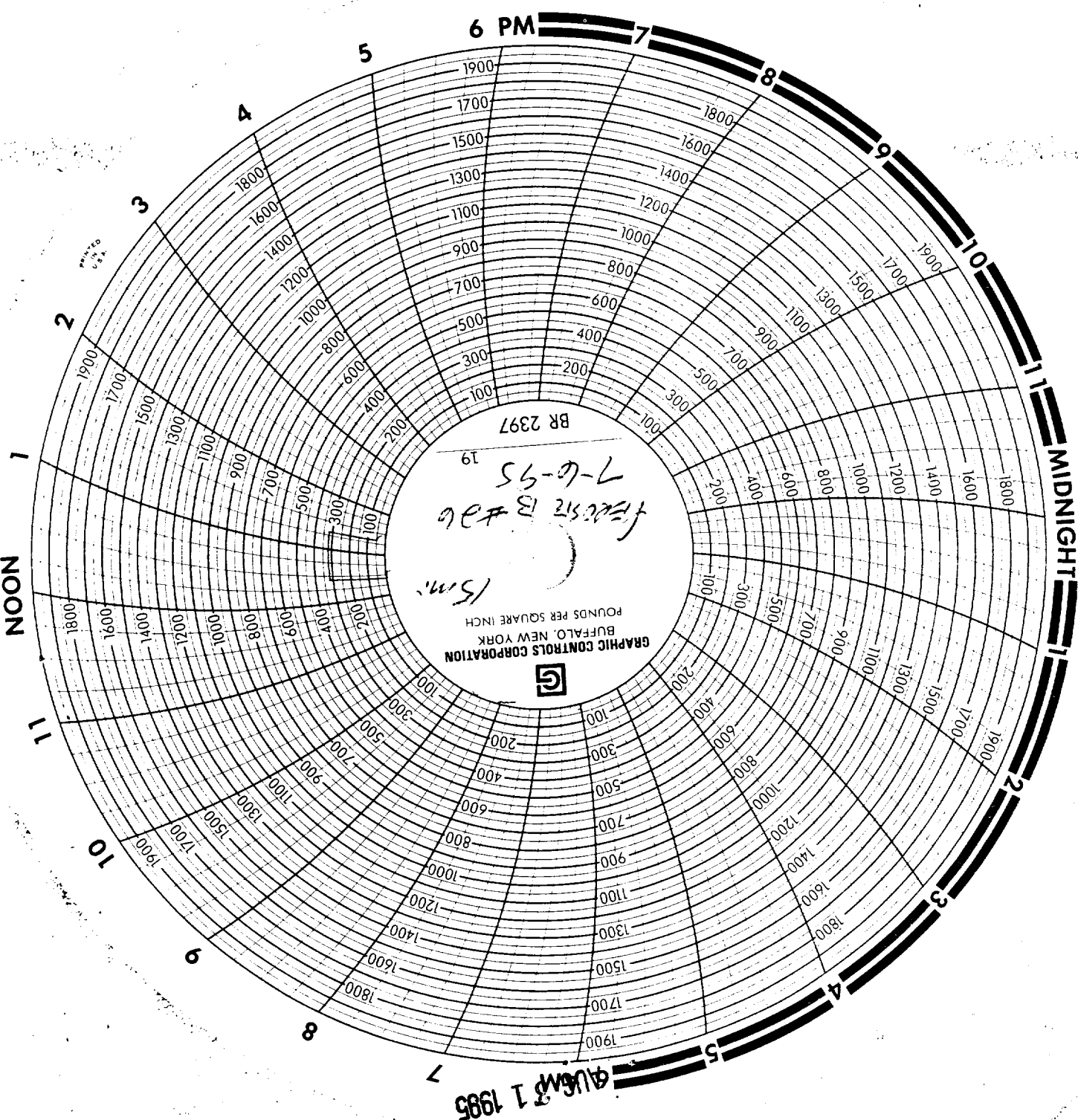
SEP 11 1995

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



Aug 1 1995