Submit 3 Copies to Appropriate District Office

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

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

District III
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30 - 025 - 10637

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. 29

3. Address of Operator: P.O. Box 50250 Midland, TX 79710

9. Pool name or Wildcat: LANGLIE MATTIX 7 RVR Q-GB

4. Well Location
Unit Letter H : 2,112 Feet From The NORTH Line and 660 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.) 3,338

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:			

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

TD - 3805' PBTD - 3770' PERFS - 3590' - 3720'

MIRU PU, NDWH, NUBOP, POOH W/ TBG., FISH TBG, DRILL & MILL OUT TO 3770'. TEST CSG TO 500#, HELD OK. RUN GR/CNL/CCL FROM 3762' - 2600'. PERFORATE ADD'L INTERVAL 3597-3613, 3618-3635, 3674-3687, 3711-3720'. TOTAL 59 HOLES. ACIDIZED PERFS 3590' - 3720' W/ 4000 GAL 15% NEFE HCL ACID. RIH W/ GUIB G-6 PKR & 2 3/8" TBG & SET @ 3491'. TEST CSG TO 500#, HELD OK. NDBOP, NUWH, RDPU. START INJECTING 50 BWPD @ 500#.

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

SIGNATURE _____ TITLE Production Accountant DATE 04 08 93

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 12 1993

CONDITIONS OF APPROVAL, IF ANY: