

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 - 10641 ✓

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.

3. Address of Operator

P.O. Box 50250 Midland, TX 79710

4. Well Location

Unit Letter N : 660 Feet From The SOUTH Line and 1,980 Feet From The WEST Line
Section 5 Township 23 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,336

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

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PLUG AND ABANDON

☐

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER:

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK

☒

ALTERING CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABANDONMENT

☐

CASING TEST AND CEMENT JOB

☐

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 - 3720' PBTD - 3720' PERFS - 3577' - 3710'

MIRU PU, NDWH, NUBOP, POOH W/ PKR & TBG. RIH & TAG @ 3625', CO TO 3720', TEST CSG TO 500#, HELD OK.
PERFORATE ADD'L INTERVAL @ 3577-3591, 3595-3602, 3604-3614, 3619-3624, 3636-3658, 3669-3689, & 3699-3710'.
TOTAL 96 HOLES. ACIDIZED PERFS W/ 5000 GAL 15% NEFE HCL ACID. RIH W/ GUIB G-5 PKR & 2-3/8" TBG & SET @
3499'. NUBOP. NUWH,. TEST CSG TO 500#, HELD OK, TEST WITNESSED BY CHARLES PERRIN-NMOCD, RDPU.
START INJECTING 227 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 12 93

TYPE OR PRINT NAME

David Stewart

TELEPHONE NO.

915 685-5717

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE APR 14 1993

CONDITIONS OF APPROVAL, IF ANY: