

3 Copies
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
P.O. Box 1980, Artesia, NM 88210
District III
000 Rio Brazos Rd. Aztec, NM 87410

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

WELL API NO. 30 - 025 - 10642
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	7. Lease Name or Unit agreement Name SKELLY PENROSE B UNIT
2. Name of Operator OXY USA INC.	8. Well No. 37
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 M : 660 Feet From The SOUTH Line and 660 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.) 3,342

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CONVERT TO INJECTION ☒

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 - 3731' PBDT - 3730' PERFS - 3606' - 3730'

MIRU PU 10/8/93, POOH W/ RODS & PUMP, NDWH, NUBOP. POOH W/ TBG, RIH & TAG @ 3730', POOH, TEST CSG 500#, HELD OK. ACIDIZE W/ 2000GAL 15% NEFE HCL ACID. RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET @ 3542', CIRC W/ PKR FLUID, NDBOP, NUWH, TEST CSG TO 500#, HELD OK, RDPU 10/11/93.
SHUT-IN PENDING WATER INJECTION LINE.

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 11 30 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 DEC 13 1993

CONDITIONS OF APPROVAL, IF ANY:

T.C. B.N.

8.13.93
SAD.

