

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

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

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

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

WELL API NO.	30-025-10645
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 <u>Injection</u>	7. Lease Name or Unit Agreement Name Skelly Penrose B Unit 008637
2. Name of Operator OXY USA Inc. 16696	8. Well No. 39
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. Pool name or Wildcat 037240 Langlie Mattix 7 Rvr Q-G
4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>23S</u> Range <u>37E</u> NMPM Lea Country 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3330'</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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-3705' PERFS-3554-3685' CIBP @ 3436'

8-5/8" CSG @ 373' W/ 250sx, TOC @ SURF-CIRC
5-1/2" CSG @ 3705' W/ 200sx, TOC @ *2534'-TS
*(5/80-CMT SQZ @ 780'-CIRC TO SURF W/ 350sx)

PUMP 10# MLF BETWEEN PLUGS.

1. CIBP @ 3436', DUMP 10sx CMT TO 3363'.
2. SPOT 35sx CMT FROM 3005-2690'.
3. PERF & SQZ @ 2530', M&P 40sx CMT TO 2355'.
4. " " " @ 1315', M&P 70sx CMT TO 1008'.
5. SPOT 25sx CMT FROM 423-203'.
6. 10sx SURFACE PLUG.

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 7/8/98
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

3554.0 - 3685.0' ABANDONED PERFS

TD: 3705'

Received
7/8/98

Received
10003
100