Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

<u>District I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	0 - 025 - 10645 -⁄
<u>District II</u> P.O.Drawer DD,Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
District III				STATE FEE X
1000RioBrazos Rd.Aztec,NM87410			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	
1. Type of Well: OIL WELL GAS WELL OTHER			SKELLY PENROSE B UNIT	
2. Name of Operator OXY USA INC.			8. Well No. 39	
3. Address of Operator P.O. Box 50250 Midland, TX 79710			9. Pool name or Wildcat	
4. Well Location	Wildiand, 1X 79710		LANGLIE MATTI	X / HVH Q-GB
0 600	Feet From The SOUTH	Line and1,980	Feet From The	EASTLine
Section 5	Township 23 S Rar	_{nge} 37 E	NMPM LEA	County
	10. Elevation (Show whether 3,330	DF, RKB, RT, GR, etc.)		
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	X ALTER	ING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG A	ND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEM	ENT JOB	
OTHER:		OTHER:		
12.Describe Proposed orCompleted Operation work/ SEE RULE 1103.	s (Clearly state all pertinent details, au	nd give pertinent dates, nci	luding estimated date of st	Parting any proposed
	TD - 3705' PERF	S - 3554' - 3685'		
MIRU PU 3/24/93, NDWH, NUBOP CLEAN OUT TO 3705', TEST CSG NDBOP, NUWH, RIH W/ 2" X 1-1/2" NMOCD POTEN	TO 500# - HELD OK. POOF	H W/ WS TBG & RIH D STR, RDPU 4/9/93,	W/ 2-3/8" TBG & SI START WELL PUM	ET @ 3653'.
Thereby certify that the information above is true and signature		belief. Production Accou	ıntant	DATE 05 17 93
David Stawart			терно	NENO.
TYPEORPHINT NAME DAVID Stewart				915 685-5717
(This space for State Use)	Section 1			May A A saa
APPROMED RY	∵ak TITLE			MAY 20 1993 DATE

RECEIVED

MAY 1 9 1993

OCD HOBBS OFFICE