

Submit 3 Copies  
to Appropriate  
District Office

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-103  
Revised 1-1-89

WELL API NO. 30 - 025 - 10659 ✓

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

2. Name of Operator  
OXY USA INC.

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

4. Well Location  
Unit Letter B : 660 Feet From The NORTH Line and 1,980 Feet From The EAST Line  
Section 7 Township 23 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3,370

7. Lease Name or Unit agreement Name

SKELLY PENROSE B UNIT

8. Well No.  
47

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

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: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ 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 - 3790' PBD - 3744' PERFS - 3662' - 3732'

MIRU PU 3/22/93, POOH W/ RODS & PUMP, NDWH, NUBOP, POOH W/ TBG. RIH & TAG @ 3744', TEST CSG TO 500# - HELD OK. RIH & TEST 2-3/8" TBG & SET @ 3728', NDBOP, NUWH. RIH W/ 2" X 1-1/2" x 16' BHD PUMP ON 66-RD STR, RDPU 3/23/93. START WELL PUMPING TO BATTERY @ 34"-STR X 12-SPM.

NMOCD POTENTIAL TEST 4/28/93 - 24HR 8-BO 28-BW GAS-TSTM

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

SIGNATURE David Stewart TITLE Production Accountant DATE 05 17 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 \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**MAY 20 1993**

EPPT 0 5 YOM

**RECEIVED**  
**MAY 19 1993**  
**OCD HOBBS OFFICE**