Submit 3 Copies to Appropriate District Office

State of New Mexico Enc. Jy, Minerals and Natura! Resources Department

Form C-103 Revised 1-1-89

District | Hobbs, NM 88240

OIL CONSERVATION DIVISION WELL API NO.

P.O. BOX 1980, HODDS, NM 80240	P.O. Box 20	088	30 -	025 - 10667
<u>District II</u> P.O.Drawer DD,Artesia, NM 88210	Santa Fe, New Mexic	o 87504-2088	5. Indicate Type of Lease	
District III			STAT	TE FEE X
1000RioBrazos Rd.Aztec,NM87410		ļ	6. State Oil & Gas Lease No.	
	S AND REPORTS ON W			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit agreem	ent Name
	FOR SUCH PROPOSALS.)			
1. Type of Well: OIL GAS [] INTEGRAL			SKELLY PENROSE B	UNIT
WELL OTHER INJECTION 2. Name of Operator			8. Well No.	
OXY USA INC.			63	
3. Address of Operator P.O. Box 50250 Midland, TX 79710			9. Pool name or Wildcat	
4. Well Location	Midiand, 1X 79710		LANGLIE MATTIX 7	RVH QN-GB
B 000	eet From The NORTH	Line and 1,980	Feet From The	AST' Line
	22 5	97 E	MPM LEA	County
Section O 10	ownship 23 3 10. Bevation (Show wheth			
in a first of the second of th	3,330			
11. Check Appro	priate Box to Indicate Na	ature of Notice, Repor	t, or Other Data	
NOTICE OF INTE	NTION TO:	SUBSEC	QUENT REPORT	OF:
PERFORM REMEDIAL WORK	LUG AND ABANDON	REMEDIAL WORK	X ALTERING C	ASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUGANDA	BANDONMENT
一				
PULL OR ALTER CASING		CASING TEST AND CEM	ENT JOB	
OTHER:		OTHER: RE-ACTIVAT	E INJECTION WELL	X
12.Describe Proposed orCompleted Operations	(Clearly state all pertinent details	and give pertinent dates, ncl	iding estimated date of starting	any proposed
work) SEE RULE 1103.				
TD - 3	732' PBTD - 3730'	PERFS - 3512' -	3650'	
MIRU PU 8/9/93, NDWH, NUBOP. F	IH & TAG @ 3376', DO	CIBP & CO TO 3730', I	POOH, TEST CSG 500#	#, HELD OK.
ACIDIZE W/ 4000GAL 15% NEFE HOW/ PKR FLUID, TEST CSG TO 500#	CL ACID. RIH W/ GUIB G	-6 PKR & 2-3/8" IBG & 03 - SHIITJN DENDING	SET @ 3443', NDBOP, SINJECTION	NUWH. CIRC
W/ PKH FLUID, TEST CSG TO 500#	, HELD OK, ND PO of 13/	93. SHOT-114 FEIADIIAC	A HAGEOTION.	
PUT W	ELL ON INJECTION 10/5/	93 @ 285 BWPD @ 10	00#.	
Thereby certify that the information above is true and o	amplete to the heat of our localedes o	nd halfef		
Thereby centry that the information above is true and o	Omplete to the best of my whomeouge a			44.46.00
SIGNATURE UNISH	π	TE REGULATORY	ANALYST [MIE 11 16 93
TYPEORPHINT NAME DAVID STEWART			TELEPHONE NO.	915 685-5717
(This space for State Use)				
ORIGINAL SIGNED				
APPROVED BYDISTRICT 1 S	They A:20K	Œ		™ √ 1 9 1993

CONDITIONS OF APPROVAL, IF ANY:

