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
1000RioBrazos Rd.Aztec,NM87410

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 - 10675

5. Indicate Type of Lease STATE [ ] FEE [X]

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: SKELLY PENROSE B UNIT

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: OXY USA INC.

8. Well No. 55

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

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

4. Well Location
Unit Letter I : 1,980 Feet From The SOUTH Line and 660 Feet From The EAST Line
Section 8 Township 23 S Range 37 E NMPM LEA County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)* 3,327

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	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[X]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: TEMPORARILY ABANDONED	[X]		

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, ncluding estimated date of starting any proposed work)* SEE RULE 1103.

TD - 3700' PERFS - 3420' - 3700'

MIRU PU 7/8/93, NDWH, NUBOP, RIH & TAG @ 3255'. DO CIBP @ 3270' & CO TO 3700'. RIH W/ PKR & TBG & SET @ 3322', TEST CSG TO 500#, HELD OK. SWAB TEST WELL, POOH. RIH W/ CIBP & SET @ 3326'. CIRC HOLE W/ CORR INH, TEST CSG TO 550#, HELD OK, NDBOP, NUWH, RDPU 7/13/93.

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

SIGNATURE [signature] TITLE REGULATORY ANALYST DATE 06 10 94

TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

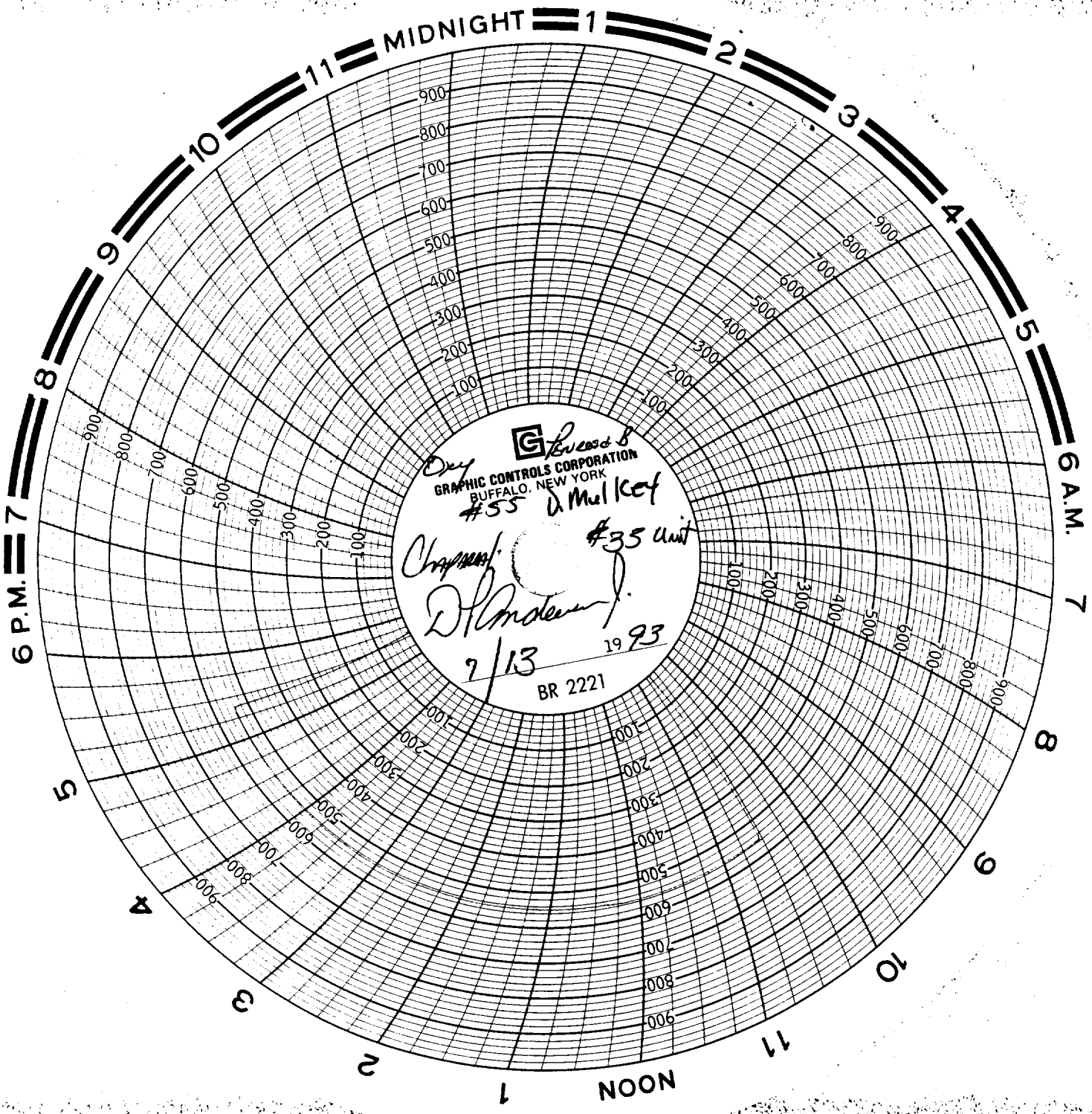
APPROVED BY _____ TITLE _____ DATE JUN 14 1994

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary Abandonment Expires 6-1-99

TCGN

SAD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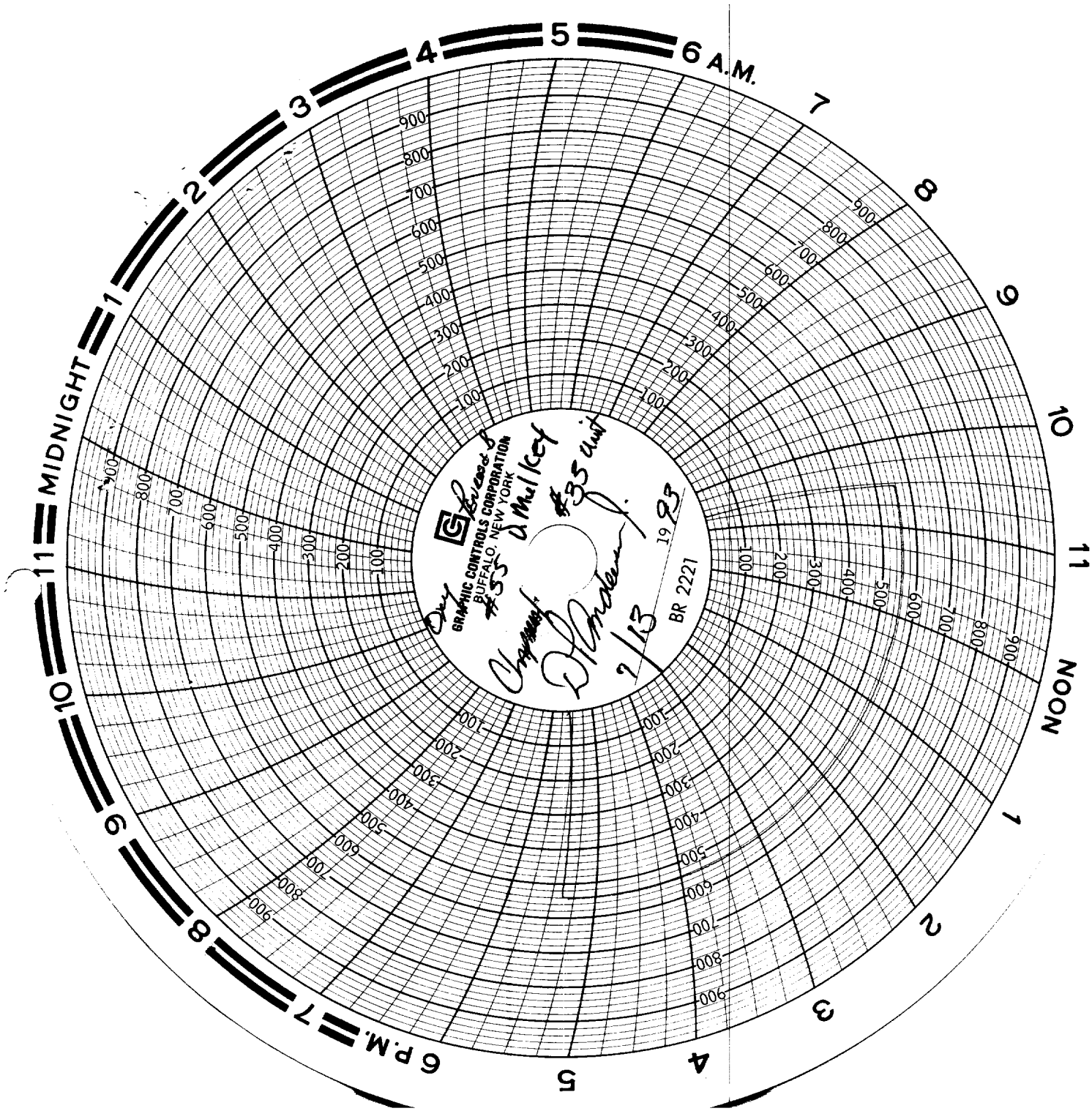
BUFFALO, NEW YORK
#55 D Mulkey
#35 unit
7/13 1993
BR 2221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