Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

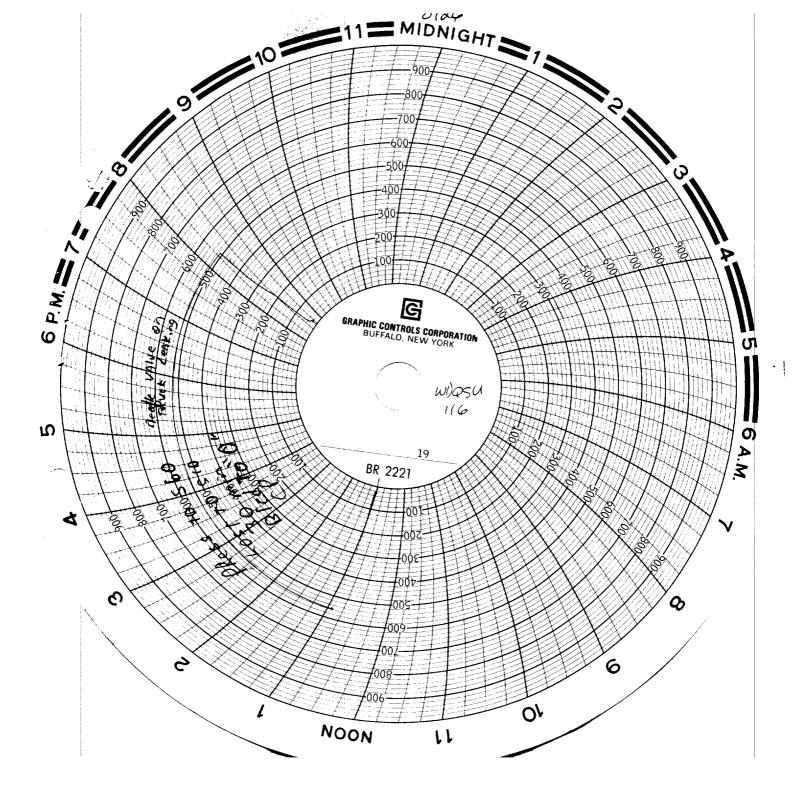
Form C-103 Revised 1-1-89

District I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION P.O. Box 2088		WELL API NO. 30 - 025	- 30240
District II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 8	7504 0000	5. Indicate Type of Lease	- 30240
District III		STATE X	FEE
1000RioBrazos Rd.Aztec,NM87410		6. State Oil & Gas Lease No. B10272	
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 GAS WELL X WELL OTHER		WEST DOLLARHIDE QN SD UNIT	
Name of Operator OXY USA INC.	8	. Well No. 116	
3. Address of Operator P.O. Box 50250 Midland, TX 79710		9. Pool name or Wildcat DOLLARHIDE QUEEN	
4. Well Location		DOLLANINGL GOLLIN	
Unit Letter A: 100 Feet From The NORTH	Line and50	Feet From TheEAST	Line
		APM LEA	County
10. Elevation <i>(Show whether D</i> 3,125	F, RKB, RT, GA, 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 R	EMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			
OTHER:	THER: TEMPORARIL	Y ABANDONED	x
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and	give pertinent dates, nclud	ing estimated date of starting any pro	posed
work) SEE RULE 1103.			
TD - 3904' PBTD - 3903'	PERFS - 3575' -	3740'	
MIRU PU 8/19/93, POOH W/ RODS & PUMP, NDWH, NUBOP, POOH W/ TBG. RIH W/ CIBP & SET @ 3540', DUMP 3SX CMT ON TOP. RIH W/ 2-7/8" TBG-OE & SET @ 3454', CIRC HOLE W/ CORR INH, NDBOP, NUWH, TEST CSG TO 560#, HELD OK, WITNESSED BY NMOCD, RDPU 8/20/93, WELL TA'D.			
Thereby certify that the information above is true and complete to the best of my knowledge and be SIGNATURE TYPE OR PRINT NAME DAVID STEWART	iel. REGULATORY AN	TELEPHONENO	0 07 93
DISTRICT I SUPERVISOR			
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L. C. WED

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