

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 - 32111

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 G : 2,610 Feet From The NORTH Line and 2,520 Feet From The EAST Line
Section 5 Township 23 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,341

7. Lease Name or Unit agreement Name

SKELLY PENROSE B UNIT

8. Well No. 70

9. Pool name or Wildcat
LANGLIE MATTIX 7 RVR QN-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.

DRILL 7-7/8" HOLE TO TD OF 3900' @ 0930CST 8/22/93. CIRC & COND HOLE. RUN LOGS DLL-MSFL-GR-CAL & DSN-LDT-GR-CAL. RIH W/ 5-1/2" 15.5# K-55 CASING & SET @ 3900'. CEMENT W/ 700SX HALIBURTON LITE W/ 15# SALT + 1/4# FLOCELE FOLLOWED BY 150SX CL C 50/50 POZ. W/ 3% GEL + 3# KCL + 3/10% HALAD-9, PLUG DOWN @ 0615CST 8/23/93, CIRC 50SX TO PIT. NMOCD WAS NOTIFIED BUT DID NOT WITNESS. WOC, ND BOP, SET SLIPS, CIT OFF CSG, INSTALL WH, REL RIG @ 0800CST 8/23/93. SI WO COMPLETION UNIT.

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

SIGNATURE  TITLE Production Accountant DATE 08 31 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:

SEP 07 1993

RECEIVED

SEP 03 1993

OCU HUMAN
OFFICE