Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-1	03	
Revis	eđ	1-1	-89

District I ON CONCEDURATION DIVISION	
P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
District II P.O. Box 2088	30 - 025 - 32112
P.O.Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
District III	STATE FEE X
1000RioBrazos Rd.Aztec,NM87410	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"	7. Lease Name or Unit agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	·
1. Type of Well: OIL GAS	SKELLY PENROSE B UNIT
OIL X GAS WELL OTHER	
2. Name of Operator OXY USA INC.	8. Well No. 71
3. Address of Operator	9. Pool name or Wikkat
P.O. Box 50250 Midland, TX 79710	LANGLIE MATTIX 7 RVR QN-GB
4. Well Location	
Unit Letter K : 1,420 Feet From The SOUTH Line and 2,6	4 Feet From The WEST Line
Section 5 Township 23 S Range 37 E	NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3,334	
	ort or Other Data
11. Check Appropriate Box to Indicate Nature of Notice, Rep	
11. Check Appropriate Box to Indicate Nature of Notice, Rep	ort, or Other Data EQUENT REPORT OF: ALTERING CASING
11. Check Appropriate Box to Indicate Nature of Notice, Rep NOTICE OF INTENTION TO: SUBS	EQUENT REPORT OF:
11. Check Appropriate Box to Indicate Nature of Notice, Rep NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	EQUENT REPORT OF: ALTERING CASING OPNS. PLUG AND ABANDONMENT
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	UndStill	TITLE _	REGULATORY ANALYST	DATE 09 30 93	
TYPE OR PRINT NAME	DAVID STEWART			TELEPHONE NO. 915 685-5717	
(This space for State Use)	Orig. Signed by Paul Kautz			0 F 4000	
APPROVED BY	Geologist	M.E		nrt 0 5 1993	

CONDITIONS OF APPROVAL, IF ANY:

ED

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AGBBS