Submit 3 Copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Nat	ural Resour	ces Department			Revised 1-1	1-89	
<u>District I</u> P.O. Box 1980, Hobbs , NM 88240	OIL CONSERVA	ATION ox 2088	DIVISION	WELL API NO		025 - 32	 113	
<u>District II</u> P.O.Drawer DD,Artesia, NM 88210	Santa Fe, New M	lexico 87	504-2088	5. Indicate Type				
District III					STA	TE FEE		
1000RioBrazos Rd.Aztec,NM87410				6. State Oil & Ga	as 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			
1. Type of Well: OIL GAS WELL X WELL	OTHER			SKELLY PE	NROSE B	UNIT		
2. Name of Operator OXY USA INC	 C.			8. Well No.	72			
3. Address of Operator				9. Pool name or Wildcat				
P.O. Box 502	250 Midland, TX 79710			LANGLIE	MATTIX 7	RVR QN-GB	i	
4. Well Location Unit Letter B : 1,220	Feet From TheNORTI	H	_ Line and1,370	Feet Fro	om The	AST	Line	
Section 5	Township 23 S	Range	37 E	NMPM	LEA	Cour	nty	
	10. Elevation <i>(Show</i> 3,357	whether DF,	RKB, RT, GR, etc.)					
11. Check A	ppropriate Box to Indica	te Nature	of Notice, Repor	t, or Other	Data			
NOTICE OF IN	• • •	ļ		QUENT F		OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REI	MEDIAL WORK		ALTERING (CASING		
TEMPORARILY ABANDON	CHANGE PLANS		MMENCE DRILLING	OPNS.	PLUG AND A	ABANDONMEN	ıT	
PULL OR ALTER CASING	OHANGE PEANS		SING TEST AND CEM		TEGG AND A	(D) (II D O II MI E II	·· L	
OTHER:	-	П отт	1ER:					
12.Describe Proposed orCompleted Opera	ations (Clearly state all pertinent	details, and d	give pertinent dates, no	luding estimated	date of starting	any proposed		
work) SEE RULE 1103.		_	•					
DRILL 7-7/8" HOLE TO TD OF 3 LDT-CNL-GR-CAL. RIH W/ <u>5-1/</u> 1/4# FLOCELE FOLLOWED B' 1715CST 9/2/93, LOST RETUR ND BOP, SET SLIPS & CUT OF WH, SI WO COMPLETION UNIT	' <u>2" 1</u> 5.5# K-55 CASING & Y 150SX CL C 50/50 POZ NS DURING DISP & CMT 'F CSG. REL RIG @ 2100	6 SET @ 3 Z. W/ 2% (I DIDN'T (900'. CEMENT W SEL + 3# KCL + 3 DIRC. NMOCD W	'/ 1200SX PR 3/10% HALA AS NOTIFIED	IEM PLUS V D-9, PLUG D BUT DID	W/ 15# SAL DOWN @ NOT WITNE	ESS.	
Thereby certify that the information above is tru	e and complete to the best of my know	ledge and belie	á.					
SIGNATURE SIGNATURE	7.L	mle _	REGULATORY	ANALYST		DATE 09 08 9	33	
TYPE OR PHINT NAME DAVID STEW	/ART				TELEPHONE NO	915 685-5	717	
(This space for State Use)	Orig. Signed by					4 \ 4	1002	
APPROVED BY	Paul Kautz	mue				SEP 10 1	1333	

PECEINED

SEP 0 9 1993