

Submit 3 Copies
to Appropriate
District Office

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

District II
P.O. Drawer DD, Artesia, NM 88210

District III
1000 Rio Brazos Rd. Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30 - 025 - 32113

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 ☒ GAS ☐
WELL ☒ 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 B : 1,220 Feet From The NORTH Line and 1,370 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.)
3,357

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.

MIRU CAPSTAR #4, SPUDDED 12-1/4" HOLE @ 2300 MDT 8/23/93. DRILL SURFACE HOLE TO 408'. RIH W/ 8-5/8" 24# K-55 CASING & SET @ 408'. CEMENT W/ 300 SX CL C CEMENT W/ 2% CACL2 + 1/4#/SX FLOCELE. PLUG DOWN @ 1230 MDT 8/24/93. CIRCULATED 50 SX CEMENT TO PIT, WOC 4HRS. NU BOP'S & TEST 2000#. RIH & TAG CEMENT @ 365', DRILL CEMENT & SHOE. DRILL NEW FORMATION @ 0130 MDT 8/25/93. DRILL AHEAD.

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 SEP 07 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 03 1993

OCD HOLLAND
OFFICE