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 | Hobbs, NM 88240

<u>District </u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA		WELL API NO.	30 - 025 -	32114	
<u>District II</u> P.O.Drawer DD,Artesia, NM 88210	Santa Fe, New Me		5. Indicate Type of	Lease		
District III					FEE X	
1000RioBrazos Rd.Aztec,NM87410			6. State Oil & Gas L	ease 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 GAS	Type of Well:			SKELLY PENROSE B UNIT		
2. Name of Operator OXY USA INC		8. Well No. 73				
3. Address of Operator P.O. Box 50250 Midland, TX 79710			9. Pool name or Wildcat LANGLIE MATTIX 7 RVR QN-GB			
4. Well Location			LANGLIE WA	TI FIX / TIVT CON	i-GD	
Unit Letter C : 20	Feet From The NORTH	Line and1,330	Feet From	The WEST	Line	
Section 8	Township 23 S	Range 37 E	NMPM L	EA 	County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,338						
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	REMEDIAL WORK	AL	TERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT						
PULL OR ALTER CASING CASING TEST AND CEMENT JOB X						
OTHER:		OTHER:				
12.Describe Proposed orCompleted Operal work) SEE RULE 1103.	ions <i>(Clearly state all pertinent de</i> u	tails, and give pertinent dates, no	luding estimated date	of starting any prope	osed	
DRILL 7-7/8" HOLE TO TD OF 3850' @ 1200CDT 9/11/93. CIRC & COND HOLE. RUN LOGS DLL-MSFL-GR-CAL & LDT-CNL-GR-CAL. RIH W/_5-1/2" 15.5# K-55 CASING & SET @ 3850'. CEMENT W/ 700SX HALLIBURTON LITE W/ 15# SALT + 1/4# FLOCELE FOLLOWED BY 150SX CL C 50/50 POZ. W/ 2% GEL + 3# KCL + 3/10% HALAD-9, PLUG DOWN @ 0700 CDT 9/12/93, CIRC 50SX TO PIT, NMOCD WAS NOTIFIED BUT DID NOT WITNESS. ND BOP, SET SLIPS & CUT OFF CSG. REL RIG @ 1000CST 9/12/93. INSTALL WH, SI WO COMPLETION UNIT.						
Thereby certify that the information above is true	and complete to the best of my knowledg		ANALYOT	00	16 93	
SIGNATURE SALVED OFFICE		TITLE REGULATORY				
TYPEORPHINT NAME DAVID STEW/	\HI		TELE	PHONE NO. 915 68	35-5717	
(This space for State Use)						

APPROVED BY _

DRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

MLE

CONDITIONS OF APPROVAL, IF ANY:

SEP 2 0 1993

RECEIVED

SEP 1 7 1993

OCD HUSSS OFFICE