

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 - 12270
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit agreement Name	WEST DOLLARHIDE QN SD UNIT
8. Well No.	21
9. Pool name or Wildcat	DOLLARHIDE QUEEN

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	
2. Name of Operator OXY USA INC.	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	
4. Well Location Unit Letter M : 330 Feet From The SOUTH Line and 990 Feet From The WEST Line Section 30 Township 24 S Range 38 E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,131	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: REPAIR TBG LEAK <input checked="" type="checkbox"/>

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.

TD - 3950' PBDT - 3910' PERFS - 3666' - 3827'

MIRU PU 2/17/94, NDWH, NUBOP, POOH W/ PKR & 2-3/8" TBG. RIH W/ EXCHANGE BAKER AD-1 PKR & 2-3/8" TBG, TEST TO 5000# & REPLACE 1 TBG COLLAR, CH W/ PKR FLUID & SET PKR @ 3533', NDBOP, NUWH. PRESS CSG TO 300# - 15MIN-HELD OK, RDPU 2/18/94. PUT WELL BACK ON INJECTION.

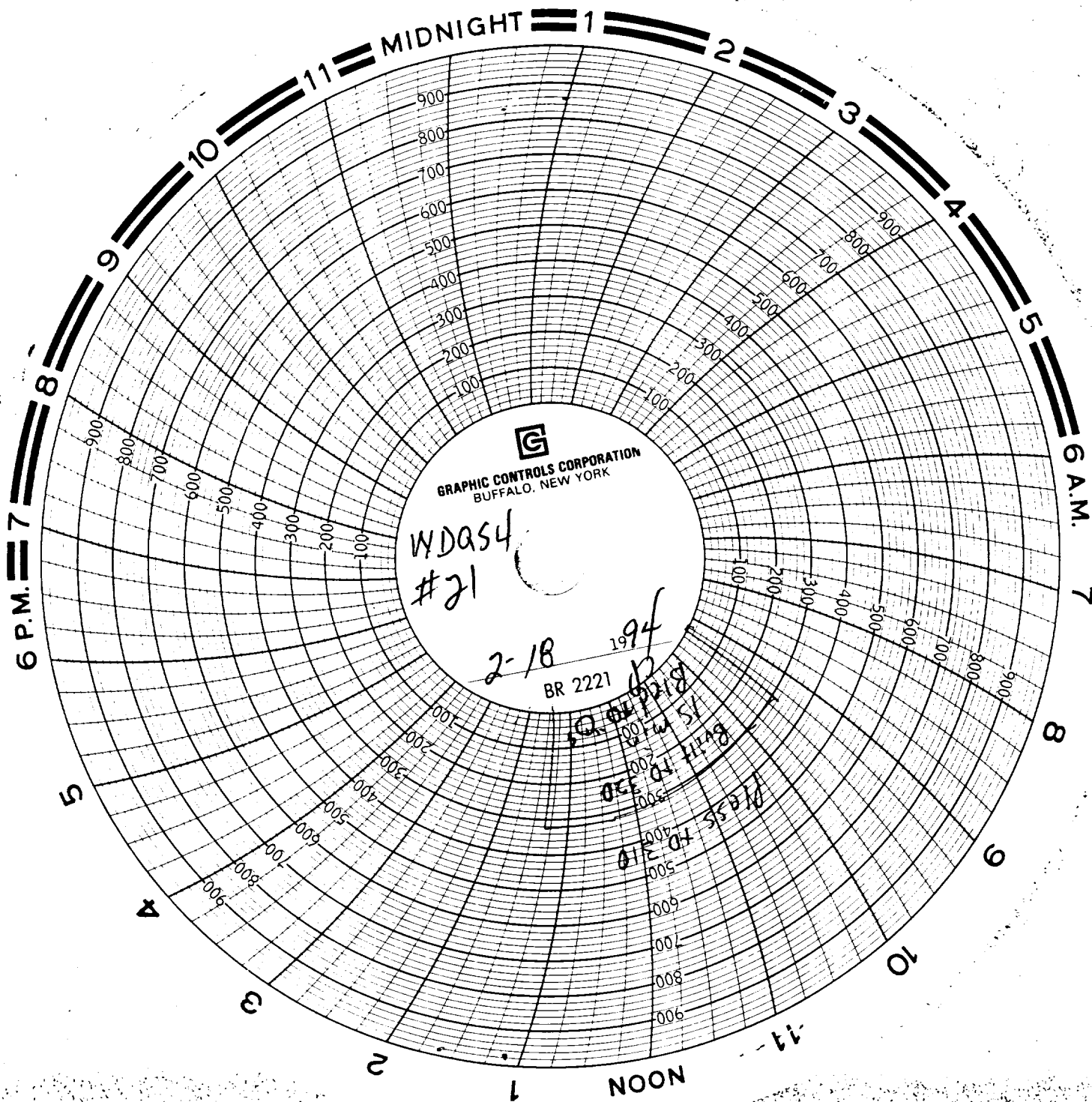
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 06 09 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 13 1994



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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

WDAS4
#21

2-18 1994
BR 2221

Q-607218

Please to 110
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