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- 12271

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.)

7. Lease Name or Unit Agreement Name
W. Dollarhide Qn Sd Unit 008596

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

8. Well No. 12

2. Name of Operator OXY USA Inc. 16696

9. Pool name or Wildcat Dollarhide Queen 018810

3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
Unit Letter L : 1650 Feet From The South Line and 990 Feet From The West Line

Section 30 Township 24S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3122'

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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Tbg Leak ☒	

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 - 3920' PBTD - 3897' PERFS - 3659-3839'

MIRU PU 8/29/96, NDWH, NUBOP, POOH W/ PKR & TBG. RIH W/ EXCHANGE BAKER AD-1 PKR & 2-3/8" TBG, TEST TBG TO 5000#, REPLACE 30 JTS. ND BOP, NUWH. CIRC WELL W/ PKR FLUID, SET PKR @ 3594'. PRESS TEST TO 500# FOR 30min, HELD OK, RDPU 8/29/96. NMOCD NOTIFIED BUT DID NOT WITNESS. 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 [signature] TITLE Regulatory Analyst DATE 9/16/96

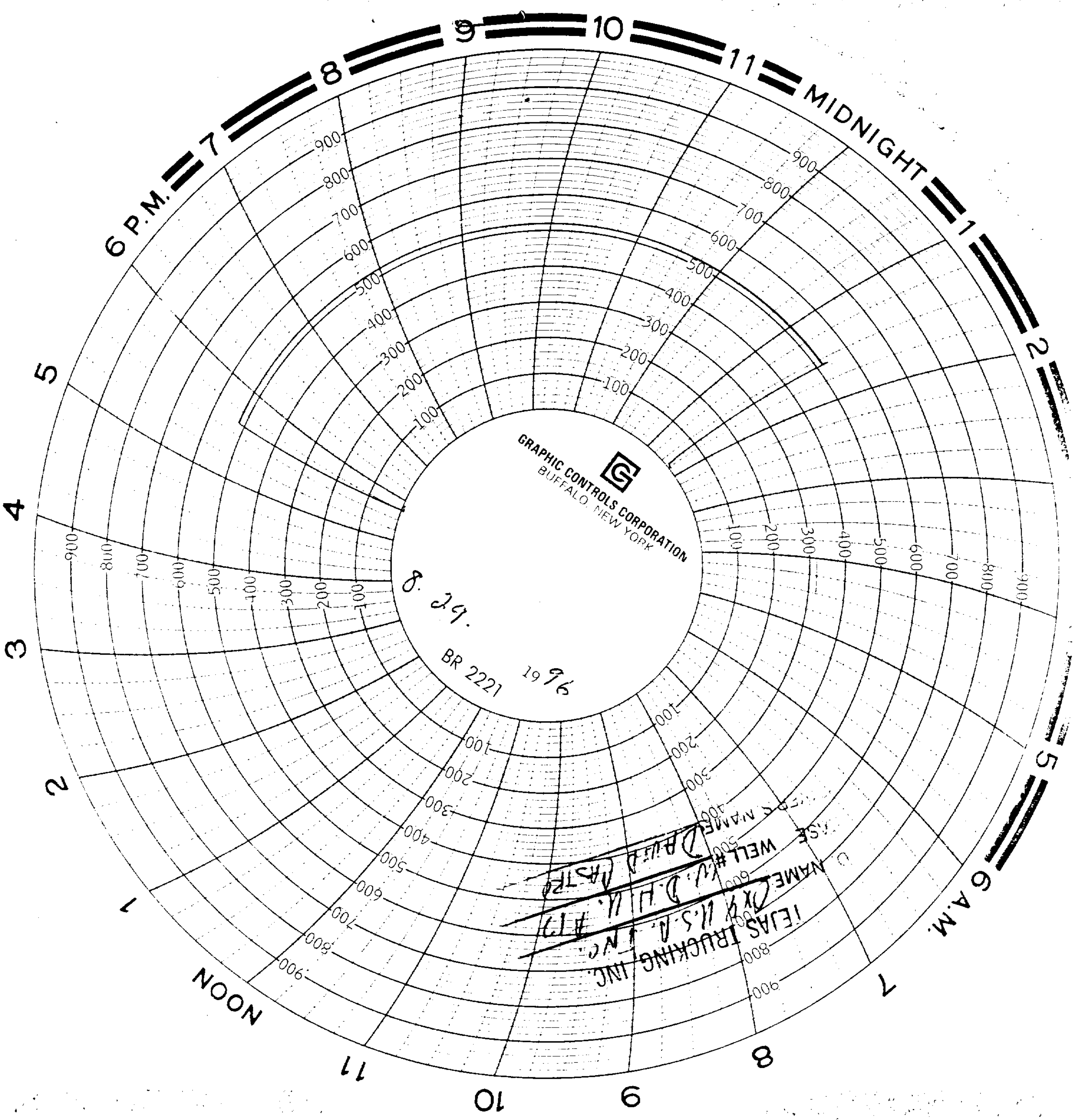
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 915685571

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 18 1996

CONDITIONS OF APPROVAL, IF ANY:

JCB



GRAPHIC CONTROLS CORPORATION
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WELL #
NAME
TEJAS TRUCKING, INC.