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
1000RioBrazos Rd.Aztec,NM87410

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 [X]

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: WEST DOLLARHIDE QN SD UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER INJECTION

2. Name of Operator: OXY USA INC.

8. Well No. 12

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

9. Pool name or Wildcat: DOLLARHIDE QUEEN

4. Well Location
Unit Letter L : 1,650 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.) 3,122

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: REPAIR TBG LEAK	[X]		

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 11/3/94, NDWH, NUBOP, POOH W/ TBG. RIH W/ & TAG PKR @ 3593', PUSH DOWN TO 3846', LATCH ONTO PKR & POOH W/ SLIP ELEMENTS & LEAVE MANDREL IN HOLE. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & TEST TO 5000#, REPLACE 1 JT TBG & PKR. CIRC HOLE W/ PKR FLUID, SET PKR @ 3594', NDBOP, NUWH. PRES CSG TO 400# - 15MIN - HELD OK, RDPU 11/5/94, 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 11 18 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:

NOON
1
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6 P.M.
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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
19 94