

Submit 3 Copies
to Appropriate
District Office

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Box 1980, Hobbs, NM 88240

District III

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONVERSATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

30 - 025 - 12288 ✓

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
WELL ☐

GAS

WELL ☐

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 I : 2,310 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 31 Township 24 S Range 38 E NMPM LEA County

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

3,144

7. Lease Name or Unit agreement Name

WEST DOLLARHIDE QN SD UT

8. Well No.

36

9. Pool name or Wildcat

DOLLARHIDE QUEEN

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 Complete Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work) SEE RULE 1103.

TD - 3969' PBTD - 3872' PERFS - 3574' - 3745'

MIRU PU, NDWH, NUBOP, POOH W/ PKR & 2-3/8" TBG. RIH & TAG @ 3854', CLEAN OUT TO 3872'. ACIDIZED W/ 2500 GAL 15% NEFE HCL ACID. RIH W/ BAKER AD-1 & 2-3/8" TBG, SET PKR @ 3511', NDBOP, NUWH. PRESS CSG TO 325#, HELD OK, RDP. START INJECTING 413 BWPD @ 1250#.

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

SIGNATURE



TITLE Production Accountant

DATE 04 16 93

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:

APR 19 1993

CWA

