

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 - 12289 ✓

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 ☐ GAS ☐ 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 J : 1,980 Feet From The SOUTH Line and 1,650 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.)
3,125

7. Lease Name or Unit agreement Name

WEST DOLLARHIDE QN SD UT

8. Well No. 35

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:

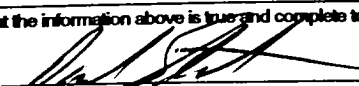
REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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 - 3931' PBTD - 3897' PERFS - 3610' - 3789'

MIRU PU, NDWH, NUBOP, POOH W/ PKR & 2-3/8" TBG. RIH & TAG @ 3883', CLEAN OUT TO 3897'. PERFORATE ADD'L INTERVAL 3610-3618, 3700-3709', TOTAL 38 HOLES. ACIDIZED PERFS W/ 2500 GAL 10% MODIFIED SWIC ACID. RIH W/ BAKER AD-1 & 2-3/8" TBG, SET PKR @ 3571', NDBOP, NUWH. PRESS CSG TO 325#, HELD OK, RDPU. START INJECTING 188 BWPD @ 950#.

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)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY _____ TITLE _____ DATE APR 19 1993

CONDITIONS OF APPROVAL, IF ANY:

