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 - 28464

5. Indicate Type of Lease STATE [ ] FEE [X]

6. State Oil & Gas Lease No. Fee

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: Thomas A

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

2. Name of Operator: OXY USA INC.

8. Well No. 4

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

9. Pool name or Wildcat: Langlie Mattix 7 Rvrs Qn GB

4. Well Location

Unit Letter O : 990 Feet From The South Line and 1,880 Feet From The East Line

Section 19 Township 24 S Range 37 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,272

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	X	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: Perf add'l pay, Acidize & Frac	X			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 - 3691' PBTD-3646' Perfs-3463'-3624'

1) MIRU PU. POOH w/ pump & rods. NDWH, NUBOP. POOH w/ 2 3/8" tbg.
2) RIH w/ RB, csg scraper & DC's on 2 3/8" tbg & CO to PBTD @ 3646'.. POOH .
3) RU WL & perforate Seven Rivers @ 3401-3406' w/ 2 SPF for 8 total holes. RD WL.
4) Acidized Seven Rivers-Queen w/ 2000 gal 15% NeFe HCl acid, swab back load.
5) Frac w/ 29000 gal 30# gel w/ 30000# 20/40 + 20000# 12/20 sand, swab back load.
6) POOH w/ pkr & tbg, RIH w/ prod tbg, NDBOP NUWH, RIH w/ pump & rods. RDPU.
7) Test & report volumes.

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

SIGNATURE _____ TITLE Production Accountant DATE 09 24 91

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: