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 - 30131

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 [X] GAS WELL [ ] OTHER

2. Name of Operator: OXY USA INC.

8. Well No. 92

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

9. Pool name or Wildcat: DOLLARHIDE QUEEN

4. Well Location
Unit Letter I : 1,360 Feet From The SOUTH Line and 970 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.) 3,121

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	[X]	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 QUEEN & ACIDIZE	[X]			OTHER: PERF ADD'L QUEEN & ACIDIZE	[X]		

12.Describe Proposed orCompleted Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

TD - 3952' PBTD - 3912' PERFS - 3587' - 3764'

MIRU PU 9/1/93, POOH W/ RODS & PUMP, NDWH, NUBOP, POOH W/ TBG. RIH & TAG @ 3731', CO TO 3912'. PERF ADD'L INTERVAL 3587-93, 3604-07, 10-14, 41-46, 49-50, 87-3690, 3703-04, 07-11, 15-17, 28-3732', TOTAL 86 HOLES. ACIDIZE W/ 3000 GAL 15% NEFE HCL ACID. RIH W/ 2-7/8" TBG & SET @ 3824', NDBOP, NUWH. RIH W/ 2-1/2"X 2"X 16' BHD PUMP ON 76-RD STR, RDPU 9/7/93, PUT WELL ON PROD 9/9/93 @ 8SPM X 100" STR & TEST.

NMOCD 24HR POTENTIAL TEST 9/16/93 - 21-BO 128-BW 6-MCF 286-GOR 33.2

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 16 93

TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE NOV 19 1993

CONDITIONS OF APPROVAL, IF ANY: