State of New Mexico Energy, * rerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION WELL APPLICA

P.O. Box 1980, Hobbs, NM 28240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Ariesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziac, NM 87410		30-025-30196
		5. indicate Type of Lease STATE FEE FEE
		6. State Oil & Gas Lesse No. B 9519
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. Lasse Name or Unit Agreement Name W. Dollarhide Qn Sd Unit
1. Type of Well: OR. GAS WELL OTHER WALL COTHER WATE	er Injection	008596
2. Name of Operator OXY USA Inc.	16696	1. Well No. 108
3. Address of Operator P.O. Box 50250 Midland, TX	79710-0250	9. Pool same or Wildest 018810 Dollarhide Queen
4. Well Location Unit Letter : 23/0 Feet From The North Line and 380 Feet From The West Line		
Township 245	Range 38E her DF, RKB, RT, GR, esc.)	NMPM Lea County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SU	BSEQUENT 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:	
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 - 4030' PBTD - 3189' PERFS - 3694-3812' PKR/CIBP - 3573'		
OXY USA INC. REQUESTS TO TEMPOREXPANSION OF THE WATERFLOOD UNIT	RARILY ABANDON	THIS WELL FOR FUTURE
1) NOTIFY BLM/NMOCD OF CASING	INTEGRITY TEST	24 HRS IN ADVANCE.
2) RU PUMP TRUCK, CIRCULATE WE TEST CASING TO 500# FOR 30 1	LL WITH TREATE MIN.	ED WATER, PRESSURE
I hereby cartify that the information above is true and complete to the best of my knowled	dge and belief.	orv Analyst page 6/20/97
SIGNATURE	mmz regulate	TELEPHONE NO. 91568557
TYPE OR PROTINAME David Stewart David Stewart	MS	ICLESTICATE POL. 7 1 3 C C 3 7 7
(This space for State Use) OF-GINAL SIGNED BY CHRIS WILLIA DISTRICT I SUPERVISOR		DATE UN SA LOT

APTROVED BY-