

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  
1000 Rio Brazos Rd. Aztec, NM 87410

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 - 30210
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B9613
7. Lease Name or Unit agreement Name	WEST DOLLARHIDE QN SD UNIT
8. Well No.	109
9. Pool name or Wildcat	DOLLARHIDE QUEEN

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 D : 750 Feet From The NORTH Line and 500 Feet From The WEST Line Section 32 Township 24 S Range 38 E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,164	

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: REPAIR TBG LEAK ☒

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 - 3990' PBTD - 3944' PERFS - 3621' - 3798'

MIRU PU 2/1/94, NDWH, NUBOP, POOH W/ PKR & 2-3/8" TBG. RIH W/ EXCHANGE BAKER AD-1 PKR & 2-3/8" TBG, TEST TO 5000# & REPLACE 1 JT TBG, CH W/ PKR FLUID & SET PKR @ 3534', NDBOP, NUWH. PRESS CSG TO 340# - 15MIN-HELD OK, RDPU 2/2/94. PUT WELL BACK ON INJECTION.

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 06 09 94  
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

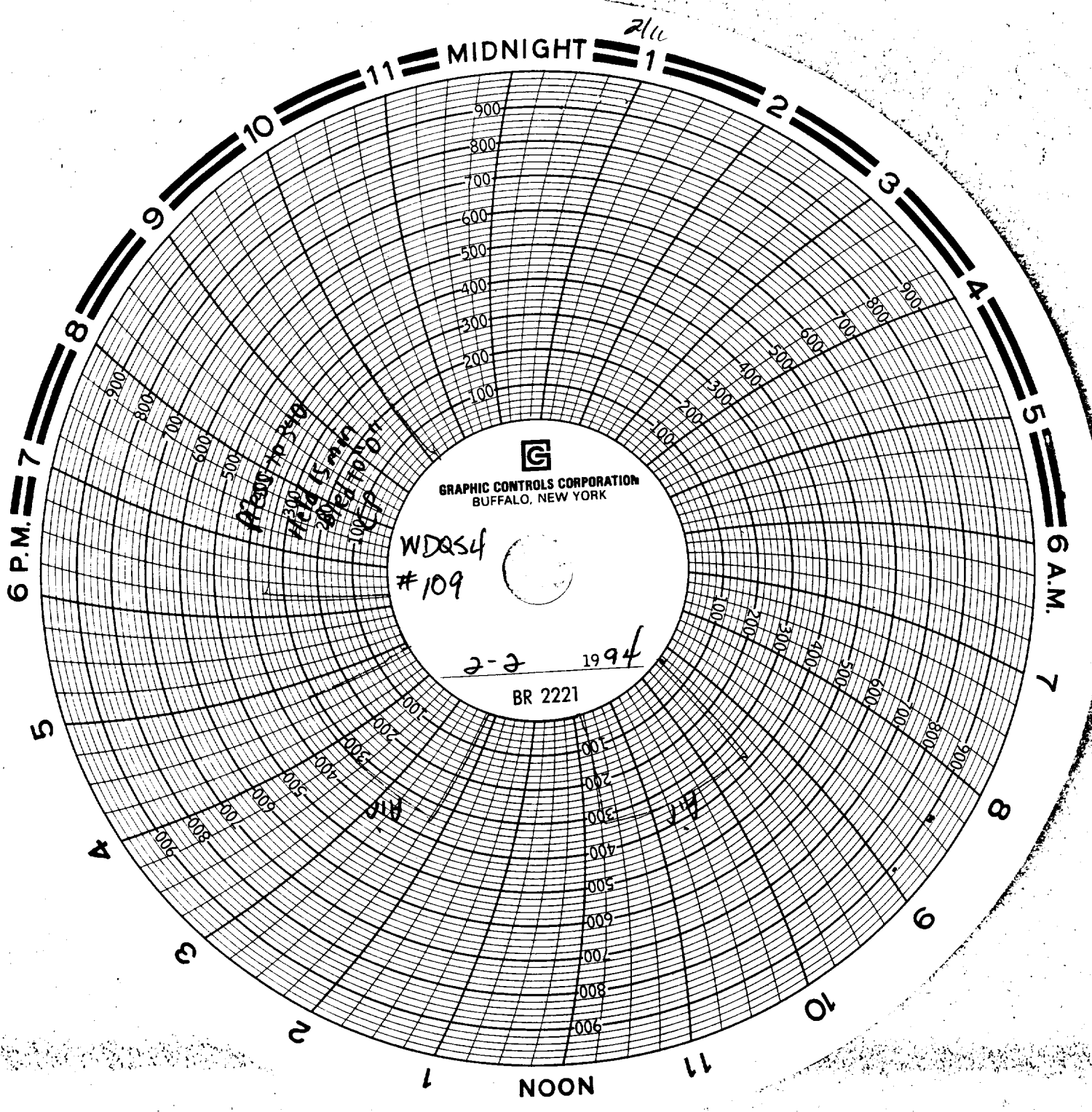
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 13 1994  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 10 1961

OCU  
OFFICE



**G**  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

WDS4  
#109

2-2 194

BR 2221

12:00 to 5:00  
Field 15 min  
200 ft to 0 ft  
0 ft

H.T.