

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-30223
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B9311
7. Lease Name or Unit Agreement Name	W. Dollarhide Qn Sd Unit 008596
8. Well No.	149
9. Pool name or Wildcat	018810 Dollarhide Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3164'

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 WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
OXY USA Inc. 16696
3. Address of Operator
P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
Unit Letter P : 135 Feet From The South Line and 200 Feet From The East Line
Section 32 Township 24S Range 38E NMPM Lea County

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: TA Well ☒

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 - 3960' PERFS - 3587-3850' CIBP - 3632'

MIRU PU 8/5/96, POOH W/ RODS & PUMP, NDWH, NUBOP. POOH W/ TBG.
RIH & SET CIBP @ 3632', CIRC HOLE W/ PKR FLUID, TEST CSG TO 560#
FOR 30 MIN, HELD OK. NDBOP, NUWH, RDPD 8/5/96, WELL TA'D. NMOC
NOTIFIED BUT DID NOT WITNESS TEST.

This Approval of Temporary
Abandonment Expires 8/16/01

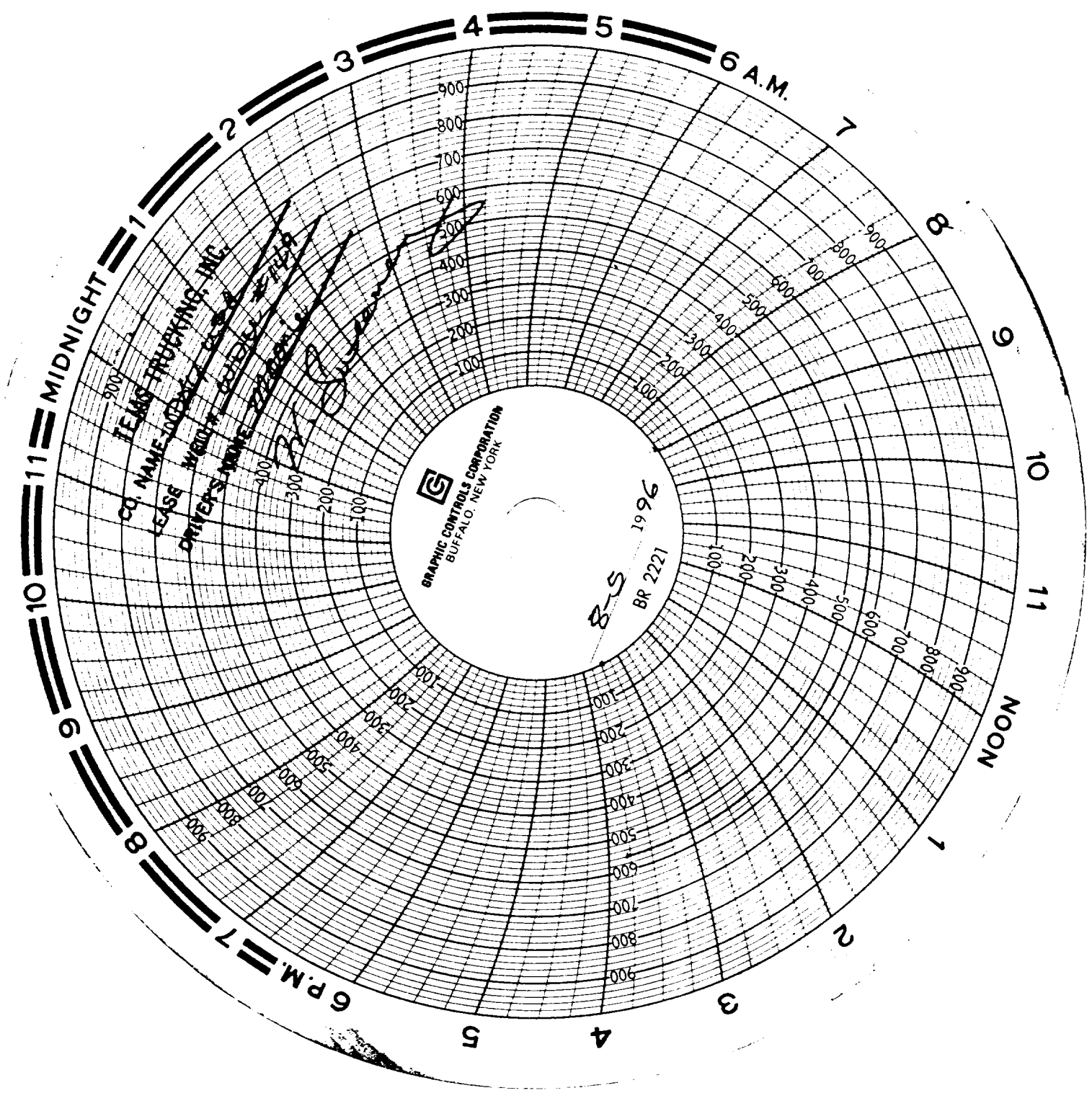
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Regulatory Analyst DATE 8/16/96
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 915685571

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

8-5 1996
BR 2221

