

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025- 30293

5. Indicate Type of Lease

STATE ☐

FEE ☒

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Water Injection

2. Name of Operator

OXY USA Inc.

16696

3. Address of Operator

P.O. Box 50250 Midland, TX 79710-0250

7. Lease Name or Unit Agreement Name

W. Dollarhide Qn Sd Unit

008596

8. Well No.

131

9. Pool name or Wildcat

018810

Dollarhide Queen

4. Well Location

Unit Letter C : 990 Feet From The North Line and 2210 Feet From The West Line

Section 30 Township 24S Range 38E NMPM Lea County

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

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: ☐

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 - 3970 ' PBTD - 3939 ' PERFS - 3685-3858 ' ~~PR~~/CIBP - 3630 '

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE EXPANSION OF THE WATERFLOOD UNIT.

1) A CIBP WAS SET @ 3630 ' 2/14/97 .

2) NOTIFY ~~DEM~~/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.

3) RU PUMP TRUCK, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 500# FOR 30 MIN.

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

6/13/97

TYPE OR PRINT NAME

David Stewart

TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNATURE OF DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: