Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

<u>District I</u>
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OIL CONSERVATION DIVISION

Revised 1-1-89

WELL API NO.

District II	P.O. Box 2088	!	30 - 025 - 30293
P.O.Drawer DD,Artesia, NM 88210	Santa Fe, New Mexico 8	7504-2088 5. India	cate Type of Lease
District III			STATE FEE X
1000RioBrazos Rd.Aztec,NM87410		6. State	e Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			
	ALS TO DRILL OR TO DEEPEN O . USE "APPLICATION FOR PERM FOR SUCH PROPOSALS.)	1 / 100	se Name or Unit agreement Name
1. Type of Well:	1011 00011 11101 001,20.,	WES	T DOLLARHIDE QN SD UNIT
OIL GAS WELL WELL	OTHER INJECT	TION	
2. Name of Operator OXY USA INC.		8. Well	131
3. Address of Operator	Midland, TX 79710		name or Wildcat
4. Well Location	Wildiand, 1X 797 10	DC	DLLARHIDE QUEEN
0 000	et From The NORTH	Line and2,210	Feet From The WEST Line
Section 30 To	ownship 24 S Rang	_{le} 38 E NMPM	LEA County
	10. Elevation (Show whether L 3,145	F, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK X P	LUG AND ABANDON	EMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON (CHANGE PLANS	OMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	c	ASING TEST AND CEMENT J	ов
OTHER:		THER:	
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent dates, ncluding estimated date of starting any proposed work) SEE RULE 1103.			
TD	- 3970' PBTD - 3939	PERFS - 3685 - 36	358'
MIRU PU 6/27/94, NDWH NUBOP, F + 3% HF ACID. FRAC W/ 24000gal LOG, POOH. RIH W/ BAKER AD-1 & NUWH. TEST CSG TO 350#, HELI BACK ON INJECTION @ 168BWPD	. 30# BORLINK X-LINK GEL & 2-3/8" TBG, TEST TBG TC O OK, NMOCD NOTIFIED, W	W/ 56680# 12/20 SAND. 5000#, CIRC W/ PKR FL	RIH W/ MULTIPLE ISOTOPE UID, SET PKR @ 3606', NDBOP,
Thereby certify that the information above is true and o	complete to the best of my knowledge and b		
SIGNATURE	TITLE	REGULATORY ANAL	YST DATE 07 25 94
TYPE OR PRINT NAME DAVID STEWART			TELEPHONE NO. 915 685-5717
(This space for State Use)	TIMLE	Orig. Signed Paul Kant Geologist	JUL 27 199
ADDDCMED DV	IIILE		DATE

