

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- <u>20294</u>
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 <u>Water Injection</u>	7. Lease Name or Unit Agreement Name W. Dollarhide Qn Sd Unit 008596
2. Name of Operator OXY USA Inc. 16696	8. Well No. <u>132</u>
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. Pool name or Wildcat Dollarhide Queen 018810
4. Well Location Unit Letter <u>E</u> : <u>2200</u> Feet From The <u>North</u> Line and <u>1090</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>24S</u> Range <u>38E</u> 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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 - 3917 ' PERFS - 3692-3866 ' ~~PRR~~/CIBP - 3636 '

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

- 1) A CIBP WAS SET @ 3636 ' 1/28/97.
- 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 SIGNED BY: DAVID WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: