

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 - 32095 <sup>30725</sup>

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-9613

7. Lease Name or Unit agreement Name  
WEST DOLLARHIDE QN SD UNIT

8. Well No.  
135

9. Pool name or Wildcat  
DOLLARHIDE QUEEN

**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 INJECTION

2. Name of Operator  
OXY USA INC.

3. Address of Operator  
P.O. Box 50250 Midland, TX 79710

4. Well Location  
Unit Letter F : 2,100 Feet From The NORTH Line and 1,630 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.)  
3,167

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 - 3950' PBTD - 3894' PERFS - 3633-3800'

MIRU PU 12/9/94, NDWH, NUBOP, POOH W/ TBG & PKR. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & TEST TO 5000#, REPLACE TBG STR. CIRC HOLE W/ PKR FLUID, SET PKR @ 3492', NDBOP, NUWH. PRES CSG TO 400# - 15MIN - HELD OK, RDPU 12/10/94, NMOCD NOTIFIED BUT DID NOT WITNESS. 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 12 19 94  
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

OFFICIAL STATE SEAL

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 21 1994

CONDITIONS OF APPROVAL, IF ANY:

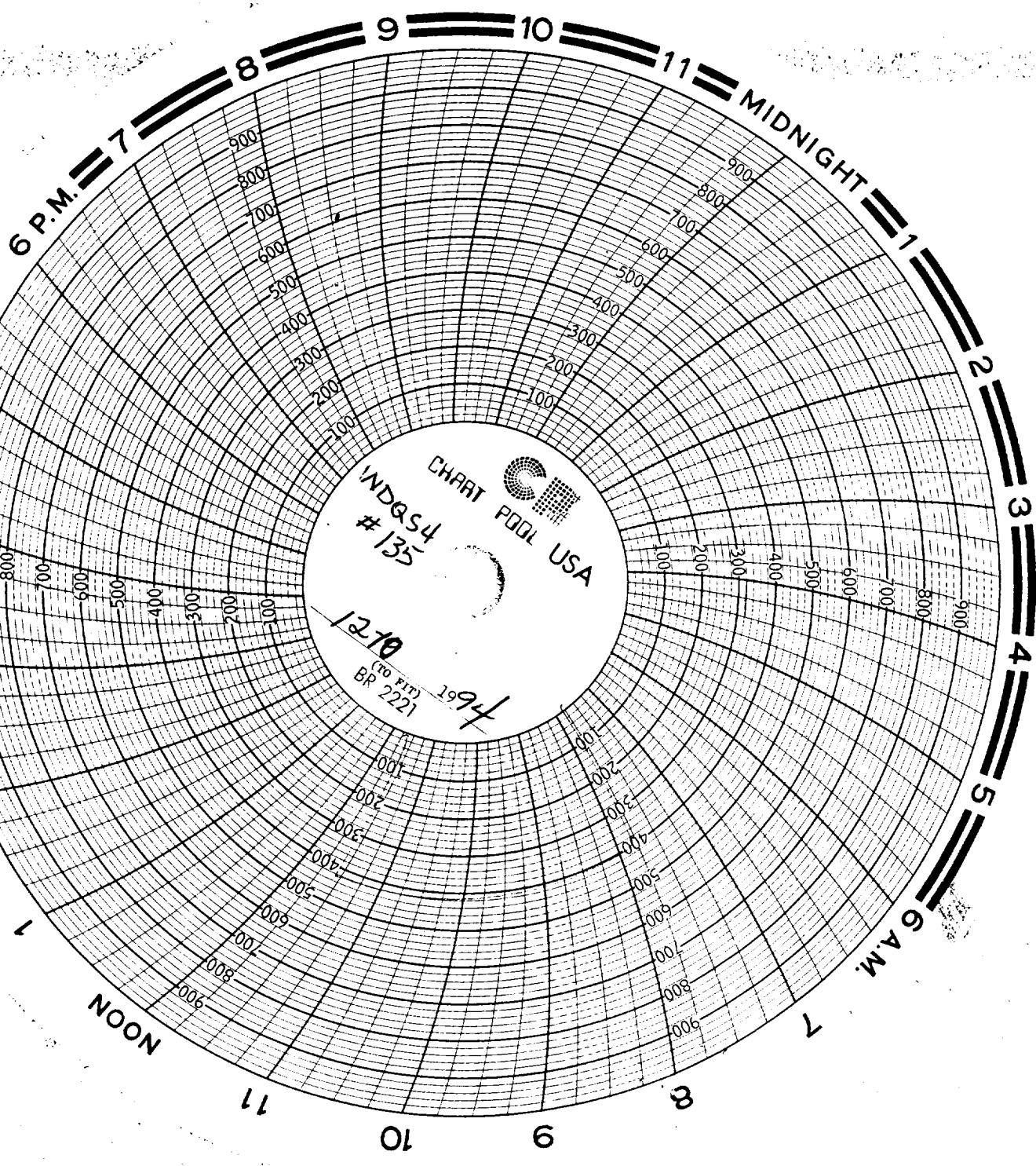


CHART POOL USA  
INDQ54  
#135  
12.10  
BR 2221  
1994