Submit 3 Copies to Appropriate
District Office District I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

State of New Marie 30 Energy, Minerals and Na. 2ral Resources Department

Form C-103

## OIL CONSERVATION DIVISION P.O. Box 2088

**Revised 1-1-89** 

WELL API NO.

District II	P.O. BOX 2000	i		
P.O.Drawer DD,Artesia, NM 88210	Conta Es Nove Marias 07EA/ 2000			🔽 🗀
District III				TE X FEE
1000RioBrazos Rd.Aztec,NM87410			6. State Oil & Gas Lease No. B-9613	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				
	.S TO DRILL OR TO DEEPEN C USE "APPLICATION FOR PERM		7. Lease Name or Unit agreen	nent Name
	OR SUCH PROPOSALS.)	<del></del>	WEST BOLLARUSE	011 05 1111
1. Type of Well: OIL GAS INTECTION			WEST DOLLARHIDE	QN SD UNIT
WELL WELL OTHER INJECTION  2. Name of Operator			8. Well No.	
OXY USA INC.			135	
3. Address of Operator P.O. Box 50250 Midland, TX 79710			9. Pool name or Wildcat	
P.O. BOX 50250 IVI	Idiand, 1X 797 TO		DOLLARHIDE QUE	<u> </u>
F 3100	NORTH	Line and 1,630	Feet From The	WEST Line
	From The Rank			
Section 32 Town	p		IMPM 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:   SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLU	G AND ABANDON	IEMEDIAL WORK	ALTERING	CASING
		OMMENOE DRULING	nue 🗀	
TEMPORARILY ABANDON CH.	ANGE PLANS	OMMENCE DRILLING	PLUG AND	ABANDONMENT
PULL OR ALTER CASING	c	ASING TEST AND CEM	ENT JOB	
OTHER:		THER: REPAIR TBG	LEAK	X
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent dates, neluding estimated date of starting any proposed				
work) SEE RULE 1103.				
TD - 395	0' PBTD - 3894'	PERFS - 3633-3	800'	
10 - 395	U PDID - 3094	FERFS - 3000-0	500	
MIRU PU 9/26/94, NDWH, NUBOP, POOH W/ PKR & TBG. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & TEST TO 5000#,				
REPLACE 1 JT TBG. CIRC HOLE W/ PKR FLUID, SET PKR @ 3518', NDBOP, NUWH. PRES CSG TO 370# - 15MIN -				
HELD OK, RDPU 9/27/94, CHARLIE W/ NMOCD WITNESSED. PUT WELL BACK ON INJECTION.				
I hereby cartily that the information above is true and com	plete to the best of my knowledge and b	elief.		
SIGNATURE SIGNATURE	<b></b> mle	REGULATORY A	ANALYST	<sub>DATE</sub> 10 18 94
TYPEORPHINT NAME DAVID STEWART			TELEPHONE NO	915 685-5717
(This space for State Use)			nct	2 0 1994
ATTENDATORY	TILE		501	DAIE
APPROVED BY				

