

Submit 3 Copies
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

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30 - 025 - 32095 ³⁰²⁹⁵

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 8/15/94, NDWH, NUBOP, POOH W/ PKR & TBG. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & TEST TO 5000#, REPLACE 1 JT TBG & PKR.. CIRC HOLE W/ PKR FLUID, SET PKR @ 3518', NDBOP, NUWH. PRES CSG TO 320# - 15MIN - HELD OK, RDPU 8/17/94, 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.

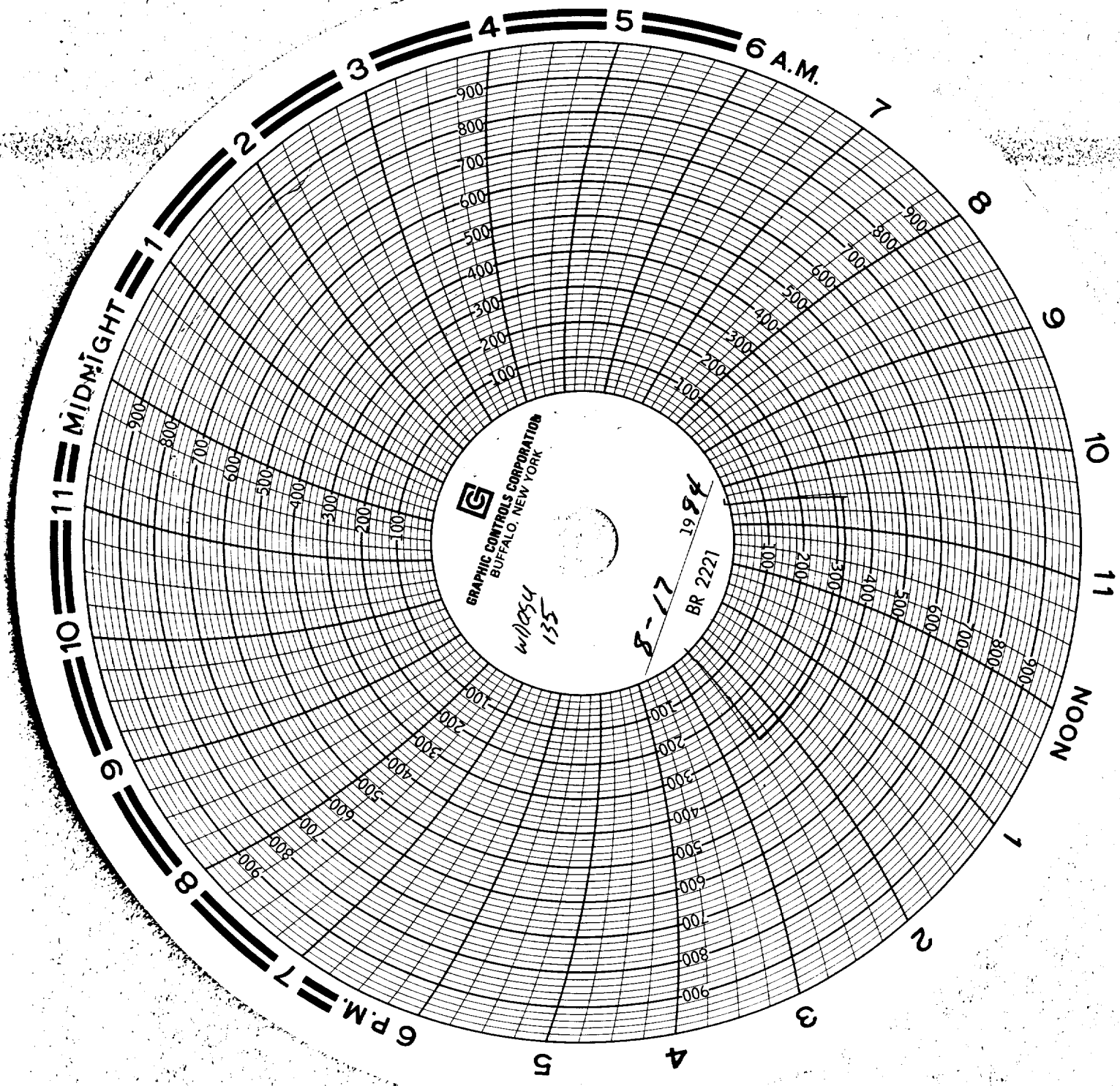
SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 09 06 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use) ORIGINAL REPORT OF OXY ON TOW
APPROVED BY

TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 12 1994



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

w/1054
135

8-17
BR 2221