

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 - 30780

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 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 : 2,240 Feet From The NORTH Line and 2,210 Feet From The WEST Line
Section 30 Township 24 S Range 38 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,120

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: ☐

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 - 3905' PERFS - 3656' - 3825'

MIRU PU 5/23/94, NDWH, NUBOP, POOH W/ PKR & 2-3/8" TBG. RIH & TAG @ 3905', CHC. ACIDIZE W/ 3000 GAL 15% NEFE HCL ACID. FRAC W/ 24000 GAL 30# BORLINK X-LINK GEL W/ 52000# 12/20 SAND. RIH W/ MULTIPLE ISOTOPE TRACER LOG. RIH W/ BAKER AD-1 & 2-3/8" TBG, TEST TBG TO 5000#, CIRC W/ PKR FLUID, SET PKR @ 3581', NDBOP, NUWH. PRESS CSG TO 325# - 15MIN - HELD OK, NMOCD DID NOT WITNESS, RDPU 6/4/94. PUT WELL BACK ON INJECTION @ 500BWPD @ 1000#.

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 06 20 94
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY _____ TITLE _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR DATE JUN 22 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 19 1964

U.S. DEPT. OF JUSTICE

OFFICE

