Submit I Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103 Revised July 18, 2013	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-015-39850	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210				
District III - (505) 334-6178			5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	·			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				ame or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		ROGERS		
PROPOSALS.)			8. Well Nu	imber
1. Type of Well: Oil Well Gas Well Other		9. OGRID Number		
Name of Operator OXY USA, INC		16696		
3. Address of Operator: PO BOX 4294		10. Pool name or Wildcat		
HOUSTON, TX 77210				
4. Well Location	•			
,	om the _SOUTH_ line and2310			
Section 23 Township	18S Range 26E		EDDY Count	y
11. Elevation (Show whether DR, RKB, RT, GR, etc.		.)		
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	4			A CONTROL OF THE PROPERTY OF T
12 Check A	Appropriate Box to Indicate N	lature of Notice	Penort or (Other Data
12. Check I	appropriate Box to indicate in	dature of Notice,	Report of C	Jilei Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
				☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB	L
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM				
OTHER:	П	OTHER: FIRS	T GAS SALE	DATE 🔯
13. Describe proposed or comp	leted operations. (Clearly state all			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or rec	ompletion.			
· ·	DOCEDS #4 FIRST CAS SA	TEDATE OF 00%	24/2012	
	ROGERS #6 – FIRST GAS SA	LE DATE OF 02/0)4/2013	
				RECEIVED
				LICEIVED
				JAN 02 2014
•				
				NMOCD ARTESIA
	5. 5.			
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information	above is true and complete to the b	est of my knowleds	ge and belief.	
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STATE OF THE STATE OF	obbon /	m t	D. 100	1/20/2012
SIGNATURE CANAL GOVE	TITLE: Regul	atory Technician	DATE12	2/30/2013
Type or print nameJessica A. She	lton_ E-mail address: iessica she	elton@oxy.com	PHONE: 713	3-840-3011
For State/Use Only				
	ade Des	- H. Sipans	67	DAME 1/2 April
Conditions of Approval (if any):	TITLE DAS	a your	· ·	DATE