

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO: 30-015-39653
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA INC.		6. State Oil & Gas Lease No. BO-1969
3. Address of Operator 1502 W. Commerce, Carlsbad, NM 88220		7. Lease Name or Unit Agreement Name ROO 22 State
4. Well Location Unit Letter D : 380' feet from the North line and 472' feet from the WEST line Section 22 Township 17S Range 28E NMPM County EDDY		8. Well Number: #7
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3570.5'		9. OGRID Number: 16696
10. Pool Name: Empire ; Glorieta-Yeso (O)		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Downsize Location <input checked="" type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The location was downsized per attached site map.

NM OIL CONSERVATION
 ARTESIA DISTRICT
 JAN 15 2015
 RECEIVED

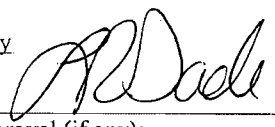
Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE **HES Specialist** DATE _____

Type or print name **CHRIS JONES** E-mail address: **Christopher_Jones@oxy.com** PHONE: **575-628-4121**

For State Use Only

APPROVED BY:  TITLE **Dist. J. Sepulveda** DATE **1/15/2015**
 Conditions of Approval (if any): _____



talonpe.com
866.742.0742

Project Correspondence Sheet

- Field Office Reimbursement Proposal
- OK NM TX Other

Date: 1-15-15	Time:	Project Manager:
Project Number:		
Project Name: R00 22 ST # 7		
Topic: Down Site MAP		
Notes:		
Document must be filed in Project File	Prepared by: RD	Page ____ of ____