

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88241
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

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

JUN 18 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

| |
|---|
| WELL API NO. 30-025-05686 ✓ |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E6706 |
| 7. Lease Name or Unit Agreement Name East Eumout Unit ✓ |
| 8. Well Number 60 ✓ |
| 9. OGRID Number 192463 |
| 10. Pool name or Wildcat Eumout Yates TR Qn |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3631' |

| | |
|---|--|
| 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-104) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection-TIA</u> | |
| 2. Name of Operator OXY USA WTP Limited Partnership | |
| 3. Address of Operator P.O. Box 50250 Midland, TX 79710 | |
| 4. Well Location Unit Letter <u>O</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>22</u> Township <u>19S</u> Range <u>37E</u> NMPM County <u>Lea</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3631' | |

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

| | | | |
|--|---|---|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: <u>MIT TIA</u> <input checked="" type="checkbox"/> | |

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.

TD-3960' PBTD-3777' Perfs-3835-3874' CIBD 3777'
PKR

1. Notified NMOCD of casing integrity test 24hrs in advance.

2. RU pump truck 51613, circulate well with treated water, pressure test casing to 500 # for 30 min.

This Approval of Temporary
Abandonment Expires 7-11-2014

Spud Date:

Rig Release Date:

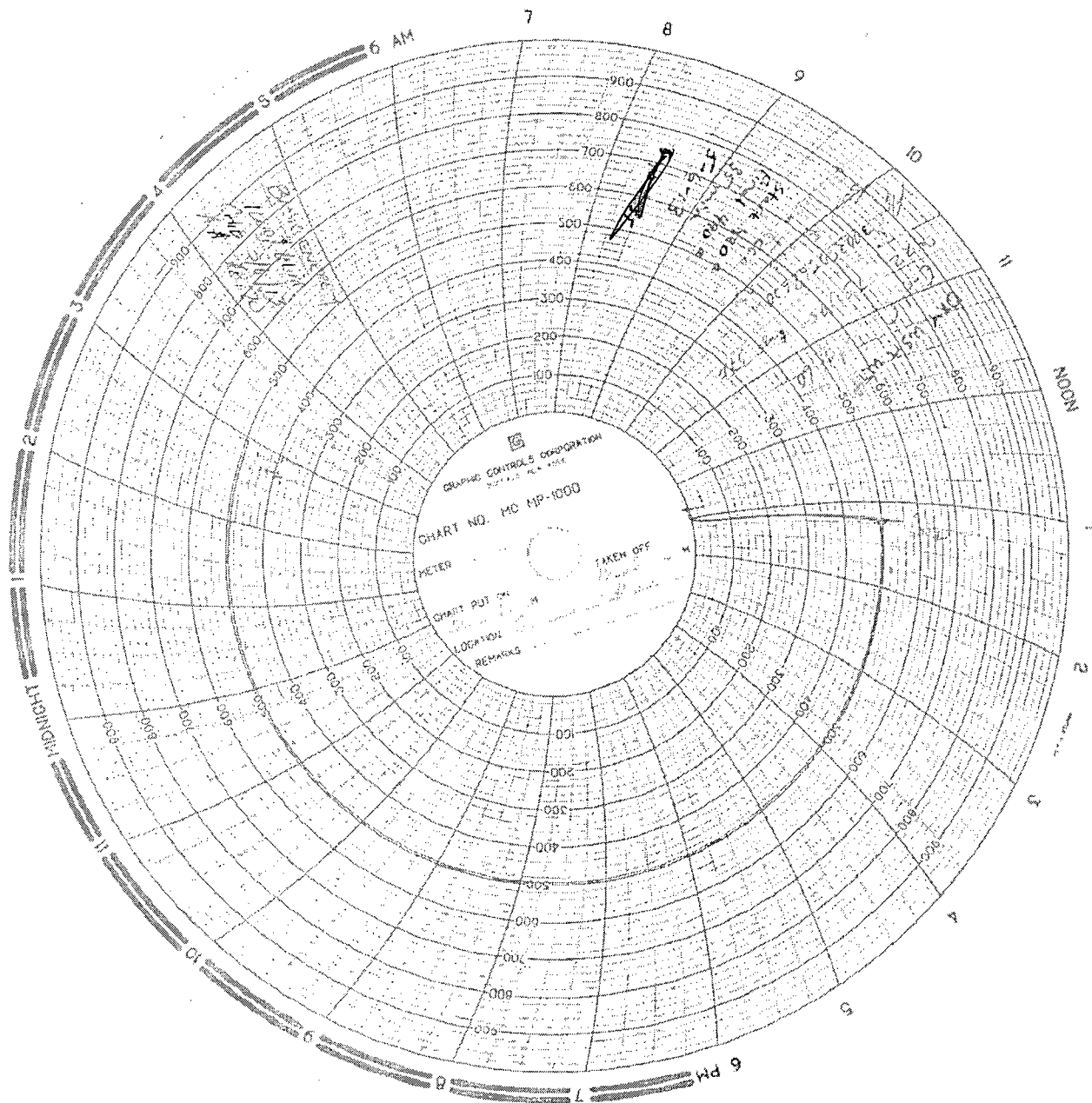
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Regulatory Advisor DATE 6/18/13

Type or print name David Stewart E-mail address: david.stewart@oxy.com PHONE: 432-685-5717
For State Use Only

APPROVED BY: [Signature] TITLE Dist. MGR DATE 6-24-2013
Conditions of Approval (if any):

JUN 25 2013



Rac M:2 Res 617613