Office	State of New Mexico	Form C-103
Office District I - (575) 393-6161	nergy, Minerals and Natural Resource	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 HOBBS ; 6)CD	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-07742
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 2 4	2014220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 TV 2 T District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		O. State On & Gas Lease No.
87505 RECEIV	<u> P</u>	
	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION		Warren Mckee Unit
PROPOSALS.)		
	ell Other Injection	8. Well Number 203
2. Name of Operator OXY USA WT	616	9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
P.O. Box 50250 Midland, TX 797	10	Warnen Mckee
4. Well Location		warner recite
Unit Letter K : 165	feet from the South line an	d 2310 feet from the west line
Section 7 Township 205 Range 38E NMPM County Lea		
	levation (Show whether DR, RKB, RT, G	
11.12	3577	in, etc.)
		P. C.
12. Check Appror	oriate Box to Indicate Nature of No	ntice. Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
***************************************	AND ABANDON REMEDIAL	
******		E DRILLING OPNS. P AND A
	TIPLE COMPL CASING/CE	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	□ OTHER:	MIT
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- 9364 PBTD- 4393' Perfs- 9148 - 9267 PAF- 4393'		
TD- 9364 PBTD- 4393' Perfs- 9148 - 9267 PKF- 4393'		
4 Blackford NINROCD of analysis to have the house that it is		
 Notified NMOCD of casing integrity test 24hrs in advance. 		
2. RU pump truck $5/5/3$, circulate well with treated water, pressure test casing to 900 #		
for 30 min.		
		al of Temporary 15-2015
	Inis Approvi	al of Temporary 15-2015 Int Expires 5-15-2015
	Abandonine	ill taken or in
Spud Dâte:	Rig Release Date:	
	ss	
I hereby certify that the information above i	s true and complete to the best of my kno	owledge and belief.
SIGNATURE 1	TITLE Regulatory Ac	Ivisor DATE 6 (BL)
		M And the state of
Type or print name Devid Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717		
For State Use Only	1 / ~ .	•
ADDROVED BY	U Jour 1 Int no.	-7L)n12
APPROVED BY: Conditions of Approval (if any):	IIILE MSIVE	DATE CT-CUL
Conditions of ripproval (il airy).		•
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