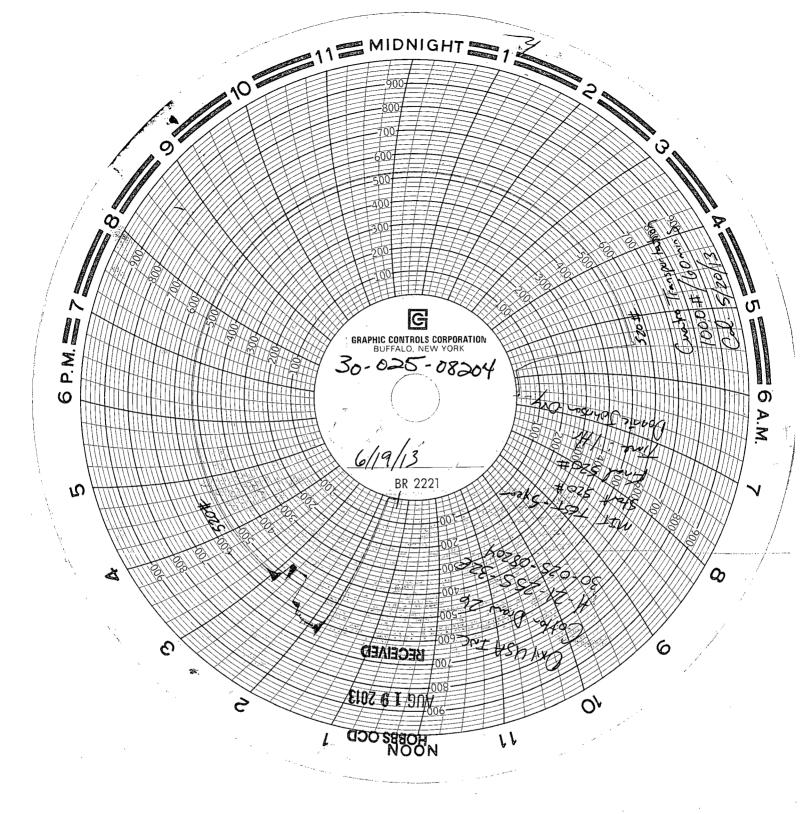
| Submit 1 Copy To Appropriate District Office State of New Mexico | Form C-103 Revised August 1, 2011 |
|--|--------------------------------------|
| District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 | WELL API NO. 30- 025-08204 |
| 811 S. First St., Artesia, NM 88210 AUGOI GCONSERVATION DIVISION | 5. Indicate Type of Lease Ted |
| District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Azicc, NM 87410 | STATE FEE |
| District IV - (505) 476-3460 Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fc, NM 7 | LC 061869 |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name |
| (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 SUCL | Cotton Draw Unit |
| PROPOSALS.) | 8. Well Number 26 |
| 1. Type of Well: Oil Well Gas Well Other Inject: 2. Name of Operator | 9. OGRID Number 16696 |
| OXY USA Inc. | |
| 3. Address of Operator | 10. Pool name or Wildcat |
| P.O. Box 50250 Midland, TX 79710 | Paduca Delaware |
| 4. Well Location | |
| Unit Letter 1980 feet from the worth line and 660 feet from the 8451 line | |
| Section 21 Township 255 Range 32E | NMPM County Lea |
| 3418, | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | |
| | RILLING OPNS. P AND A |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMER | AL JOB [] |
| | |
| OTHER: M/7 | |
| 13. Describe proposed or compléted 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-4750' PBTD-4711' Perfs-4632-4663' Pkr-4562' | |
| t | |
| Notified NMOCD of casing integrity test 24hrs in advance. | |
| | |
| 2. RU pump truck <u>ん 19 13</u> , circulate well with treated water, pressure test casing to <u>520</u> # | |
| for 30 min. | |
| | |
| | |
| Sand Datas | · |
| Spud Date: Rig Release Date: | |
| | · |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| | |
| | n.m. al1.> |
| SIGNATURE TITLE Regulatory Advisor | DATE S(1513 |
| Type or print name Duil Stave E-mail address: david stewart@ | POXY,com PHONE: 432-685-5717 |
| For State Use Only | |
| APPROVED BY TILE DIST. 1897 DATE 1-19-703 | |
| Conditions of Approval (Hany): | Fine Commence UNIE |
| Committee of the province of t | |

SEP 19 2013

L



DATE RRC NOTIFIED

DRIVER Darmy Lunch

DATE TESTED

TBG PSI

RRC WITNESS

LS OPERATOR DATE

LS OPERATOR DATE

LS OPERATOR DATE

CSC

RRC WITNESS UNIT # 3/ CSG PSI 500 Last Col 5-20-13

SiU# 5565