	OBBS OCD
Submit I Copy To Appropriate District State of New Mexico	Form C-103
Office District 1 ~ (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 Hobbs All State Of Flow Provide Prov	6 0 SWELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-31650
District III - (505) 334-6178 1220 South St. Francis Dr. R	ECEIVED STATE FEE
1000 Rio Brazos Rd , Aztec, NM 87410 1220 Softin Star Hallos 221 District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
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	7. Lease Name or Unit Agreement Name Avacance Federal
PROPOSALS.)	8. Well Number
2. Name of Operator	9 OGRID Number
OXY USIA Inc 3. Address of Operator	10. Poul name or Wildcat
P.O. Box 50250 Midland, TX 79710	SWD Delaware
4. Well Location	ант у настания на настания Настания
Unit Letter 0: 330 feet from the South line and 7310 feet from the east line	
Section 4 Township 23S Range 32E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3677'	
12. Check Appropriate Box to Indicate Nature of Noti	ce, Report or Other Data
	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL W TEMPORARILY ABANDON CHANGE PLANS COMMENCE	ORK ALTERING CASING DI DRILLING OPNS. PAND A
PULL OR ALTER CASING D MULTIPLE COMPL CASING/CEM	
	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- <u>「000</u> PBTD- <u>5536</u> Perfs- <u>5700-5886</u> Pkr- <u>5645</u>	
1. Notified NMOCD of casing integrity test 24hrs in advance.	
A218 / 240	
2. RU pump truck 6344 , circulate well with treated water, pressure test casing to 530 #	
for 30 min.	
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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 G. TITLE Sr. Regulatory Advisor DATE TIDES 14	
Type or print name <u>David Stewart</u> E-mail address: <u>david stewart@oxy.com</u> PHONE: <u>432-685-5717</u>	
For State Use Only	
APPROVED BY: Bel Stand Conditions of Approval (if any): FOR RECORD ON L	cyer DATE 8/8/2014
Conditions of Approval (if any): FUK KEUUND Conditions of Approval (if any): FUK KEUUND	L L
	AUG 1 1 2014



