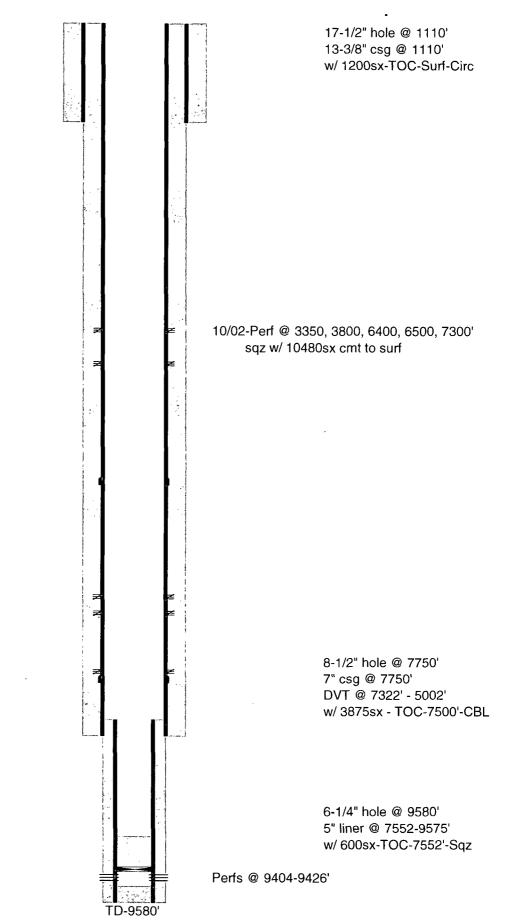
Submit 1 Copy To Appropriate District Office	State of New			Form C-103
<ul> <li><u>District I</u> – (575) 393-6161</li> <li>1625 N. French Dr., Hobbs, NM 88240</li> <li><u>District II</u> – (575) 748-1283</li> <li>811 S. First St., Artesia, NM 88210</li> <li><u>District III</u> – (505) 334-6178</li> <li>1000 Rio Brazos Rd., Aztec, NM 87410</li> <li><u>District IV</u> – (505) 476-3460</li> </ul>	Energy, Minerals and N OIL CONSERVATI 1220 South St. I Santa Fe, NM	ON DIVISION Francis Dr.	WELL API NO. 30-025-35365 5. Indicate Type of Lease	EE
1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPO	CES AND REPORTS ON WE	LLS R PLUG BACK TO A	7. Lease Name or Unit Agr F. C. H:    C	
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well: Oil Well	CATION FOR PERMIT" (FORM C-10	•	8. Well Number 3	
2. Name of Operator OXY USA	Inc.	APR 17 2015	9. OGRID Number 16696	,
	0250 Midland, TX 79710	RECEIVED	10. Pool name or Wildcat Teaque Simps	5011
4. Well Location Unit Letter:_ Section スコ	1950 feet from the <u>50</u> Township 235 11. Elevation (Show whether 326	Range 37E DR, RKB, RT, GR, etc	NMPM County	<u>vest</u> line Lea
12. Check A	Appropriate Box to Indicate	e Nature of Notice	. Report or Other Data	n franklin (f. 2. sekreting for free Group of f
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE		SUE REMEDIAL WO	SSEQUENT REPORT ( RK ☐ ALTERIN RILLING OPNS.☐ P AND A	IG CASING
13. Describe proposed or comp	rk). SEE RULE 19.15.7.14 NN			
TD-9580' PBTD-9130'	' Perfs-9404-9426' CIBP-	-9358'		
OXY USA Inc. respectfu	lly requests to extend the Te ed for possible future recom	, mporarily Abandon	Status Approval. This well	is
	of casing integrity test 24hrs , circulate well with treated		casing to 500# for 30 min	
		Cond	ition of Approval: notify	
Spud Date:	Rig Release		D Hobbs office 24 hours	art
	<u> </u>	-	running MIT Test & Ch	ait
I hereby certify that the information	above is true and complete to th	ne best of my knowled	ge and belief.	
SIGNATURE	TITLE	Sr. Regulatory Advis	sor DATE 4	4/15

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 M ) Md	ATTLE Dist. Supervision DATE 4/20/20	
APPROVED BY: Y COLUCY HOWN	ATTLE DISL. Supervisor DATE 4/20/20	<u>)15</u>
Conditions of Approval (if any):	APR 2 1 2015	4

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APPROVED BY:	$\underline{u}$	Æ
Conditions of Approval	(if al	ſy

<sup>•</sup> OXY USA Inc. - Current E.C. Hill C #3 API No. 30-025-35365



8/10-CIBP @ 9358' w/ 25sx cmt to 9130'