Office	State of New Me			Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources			Revised August 1, 2011 WELL API NO.	
District II ~ (575) 748-1283 HOBBS OCD District II ~ (575) 748-1283 HOBBS OCD			30-025-07742	
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of L	ease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874/ 2 4 2018 Santa Fe, NM 87505			STATE	FEE
$\frac{District IV}{District IV} = (505) 476-3460$			6. State Oil & Gas Le	ease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NEGG	AND REPORTS ON WELLS		7. Lease Name or Un	it 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 SUCH			Wouren Mck	ee Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Oliner Injection TA			8. Well Number 203	
2. Name of Operator			9. OGRID Number 192463	
OXY USA WTP Limited Partnership				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. Address of Operator			10. Pool name or Wildcat	
P.O. Box 50250 Midland, TX 79710			Warnen Mckee	
4. Well Location				
Unit Letter K: 1650 feet from the South line and 2310 feet from the West line				
Section 7 Township 205 Range 35E NMPM County Ley				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3577			
	-			
12. Check Ap	propriate Box to Indicate N	ature of Notice, 1	Report or Other Da	ta
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
				AND A
		CASING/CEMENT	I JOB	
OTHER: MIT - TH Star	tus IT	OTHER:		
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' CICR-4393'				
OXY USA WTP LP respectfully requests to temporarily abandon this well. It is currently being evaluated				
possible recompletion.				
1. Notify NMOCD of casing integrity test 24hrs in advance.				
2. RU pump truck, circulate well with treated water, pressure test casing to 500# for 30 min.				
				,
Spud Date:	Rig Release Da	ate:	,	
I hereby certify that the information abo	ove is true and complete to the b	est of my knowledge	e and belief.	
n /	/			
				1-10
SIGNATURE	TITLE	egulatory Advisor	DATE	6/20/13
Type or print name Duvid Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717				
Type or print name <u>DEU.25+ewart</u> E-mail address: <u>david_stewart@oxy.com</u> PHONE: <u>432-685-5717</u> For State Use Only				
APPROVED BY Competen TITLE DIST. MGR DATES-C4-COLD				
Conditions of Approval (if any):)			

JUN 25 2013

÷.,

OXY USA WTP LP - Current Warren McKee Unit #203 API No. 30-025-07742

