

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

HOBBS OGD
1220 South St. Francis Dr.
Santa Fe, NM 87505

SEP 05 2013

RECEIVED

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 proposals.)

1. Type of Well:

Oil Well ☐

Gas Well ☐

Other ☐ Temporarily Abandoned

2. Name of Operator

Oxy USA, Ltd.

3. Address of Operator

HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter I

: 1980

Feet From The

South

660

Feet From The

East

Line

Section 32

Township 18-S

Range 38-E

NMPM

Lea

County

11. Elevation (Show whether DF, RKB, RT GR, etc.)

3637' GR

Pit or Below-grade Tank Application ☐

or Closure ☐

Pit Type

Depth of Ground Water

Distance from nearest fresh water well

Distance from nearest surface water

Pit Liner Thickness

mil

Below-Grade Tank: Volume

bbls; Construction Material

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

OTHER:

TA extension request

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Run MI test to gain extension on temporary abandoned status.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE

Mendy A. Johnson

TITLE

Administrative Associate

DATE

09/04/2013

TYPE OR PRINT NAME

Mendy A. Johnson

E-mail address:

mendy_johnson@oxy.com

TELEPHONE NO.

806-592-6280

For State Use Only

APPROVED BY

[Signature]

TITLE

DIST. MGR

DATE

9-9-2013

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to running the TA Pressure Test.

SEP 10 2013