

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals, and Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**WELL API NO.**

30-021-20090

**5. Indicate Type of Lease**

STATE ☐ FEE ☐

**6. State Oil & Gas Lease No.**

**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 CO2

**2. Name of Operator**

OXY USA Inc.

**3. Address of Operator**

P.O. Box 303, AMISTAD, NEW MEXICO 88410

**4. Well Location**

Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line  
Section 12 Township 19N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4589 GR

**11. 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 ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Yearly Bradenhead Test (TA Well) ☒

**12. Describe Proposed or Completed Operations**  
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1992	6/17	435#	0	
1993	5/27	430#	0	
1994	6/2	420#	0	
1995	6/30	420#	0	
1996	5/24	420#	0	
1997	7/8	420#	0	
1998	8/27	420#	0	
1999	6/22	425#	0	
2000	8/10	430#	0	
2001	1/11	425#	0	
2002	6/18	425#	0	
2003	7/23	430#	0	
2004	7/13	435#	0	
2005	8/10	435#	0	
2006	7/26	440#	0	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. L. Clay TITLE Well Analyst DATE 10/16/06  
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3056

(This space for State Use)

APPROVED BY Ed Martin TITLE DISTRICT SUPERVISOR DATE 1-10-07

CONDITIONS OF APPROVAL, IF ANY: