Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103	
Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natu	ral Resources	Revised July 18, 201	13
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	DIVISION	30-015-44586 5. Indicate Type of Lease	\dashv
District III - (505) 334-6178	1220 South St. Fran	icis Dr.	STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87	505	6. State Oil & Gas Lease No.	_
1220 S. St. Francis Dr., Santa Fe, NM				
87505 SLINDRY NOT	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	$\overline{}$
	OSALS TO DRILL OR TO DEEPEN OR PLU		CORRAL FLY 02-01 STATE	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		8. Well Number	\dashv	
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other			32H	
2. Name of Operator			9. OGRID Number	\dashv
OXY USA INC		16696		
3. Address of Operator		10. Pool name or Wildcat		
PO BOX 4294 HOUSTON, TX 77210			PURPLE SAGE; WOLFCAMP (GAS)	
4. Well Location				
Unit LetterD_:_1015	feet from the North line and 120 fe	et from the West li	ne	
Section 02	Township 25S F	tange 29E	NMPM County Eddy	
en in de la company de la comp	11. Elevation (Show whether DR,	RKB, RT, GR, etc.) Salah Jana Barah	7
and the state of t	2995' GR		A state and the state of the st	300
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF I	NTENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				1
_	<u> </u>		ILLING OPNS. P AND A	
PULL OR ALTER CASING		CASING/CEMEN	<u>—</u>	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:			d from Dedicated Separator	_
	ork). SEE RULE 19.15.7.14 NMAC		d give pertinent dates, including estimated da impletions: Attach wellbore diagram of	ate
			ecline and has been removed from dedicated	,
separation. It is now routed	d to a shared separator at the Corral I	dy CTB (PLC 514)	.	
Spud Date:	Rig Release Da	te:		

I hereby certify that the information	above is true and complete to the be	st of my knowledg	e and belief.	
~ 1	/ \			
() long	(,) V			
SIGNATURE CONTROL	TITLE_REG	ULATORY ENGIN	NEERDATE02/21/2019	
Type or print name BODEDT V W	II SON F mail address: DODEDO	T WII SOMMOVY	COM DHONE: 713.085.6001	
For State Use Only	ILSON E-mail address: ROBERT	-wirson@OX	.COM FROND: /15-965-0991	
	1.			
APPROVED BY: July	Mitalle TITLE En	zmein	Burn DATE 2-2 >-2	0/
Conditions of Approval (if any):		8		. /

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