

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-23933
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 8096
7. Lease Name or Unit Agreement Name: Conoco "7" State
8. Well Number 10
9. OGRID Number 16696
10. Pool name or Wildcat Turkey Track (Morrow)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3376 GR

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator OXY USA Inc
3. Address of Operator P.O. BOX 4294, HOUSTON, TX 77210
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>7</u> Township <u>19s</u> Range <u>29e</u> NMPM County <u>EDDY</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3376 GR

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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/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.

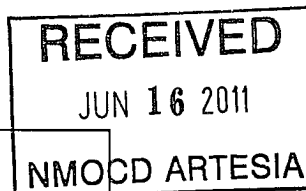
OXY request to MIT and TA this well to allow time for construction and installation of needed compressor. Sales line pressure is higher than well operating pressure thus requiring compression. This compressor will also serve the Flag TD State Com #1 in which a Sundry is filed along side this one with similar request. After successful MIT OXY request to TA this well for a period of 5 Months.

TA status may be granted after a successful MIT test is performed. Contact the OCD to schedule the test so it may be witnessed.

Spud Date:

LAST PROD 3/1/2010

ease Date:



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

SIGNATURE [Signature] TITLE Sr. Regulatory Analyst DATE 06/07/2011

Type or print name Jereme Robinson E-mail address: Jereme_Robinson@oxy.com PHONE 713.366.5360

For State Use Only

APPROVED BY [Signature] TITLE COMPLIANCE OFFICER DATE 6/22/11

Conditions of Approval (if any):