Submit I Copy To Appropriate District Office	State of New Mo		Form C-103 Revised August 1, 2011	
<u>District I</u> – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		WELL API NO.		
<u>District II</u> – (575) 748-1283	trict II - (575) 748-1283 S. First St., Artesia, NM 88210 1220 South St. Francis Dr.		30-015-03522	
<ul> <li>District III – (505) 334-6178</li> <li>1000 Rio Brazos Rd., Aztec, NM 87410</li> </ul>			5. Indicate Type of Lease  STATE ☐ FEE ☒	
District IV – (505) 476-3460 Santa Fe, NM 87505  1220 S St Francis Dr, Santa Fe, NM 87505		6. State Oil & Gas Lease No. NM – 0593		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name SOUTH LOCO HILLS UNIT #020	
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other WATER INJECTION WELL			8. Well Number #020	
2. Name of Operator			9. OGRID Number	
OXY USA INC  3. Address of Operator			16696 10. Pool name or Wildcat	
OXY USA INC PO BOX 4294 HOUSTON, TX 77210			LOCO HILLS ; QU -	
4. Well Location				
	feet from the <u>sou</u>			the <u>west</u> line
	ownship 18S Range 29 11. Elevation (Show whether DR			y Eddy
11. Elevation (Snow whether DR, RRB, RI, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON	REMEDIAL WOR		TERING CASING
<del></del>	CHANGE PLANS	COMMENCE DRI	LLING OPNS.□ PA	AND A
	MULTIPLE COMPL	CASING/CEMENT	ΓJOB □	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	1	
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.				
10/10/2011-FOUND 0 PSI ON CASING & 350 ON TUBING – SHUT WELL IN. RIG DOWN KEY #179 & REVERSE UNIT. CLEAN				
LOCATION THEN MOVE EQUIPMENT TO ANOTHER LOCATION. REPLACED TUBING & PACKER.				
			DEOCIVED	· ¬
			RECEIVED	
OCT <b>2 4</b> 2011				
		N	MOCD ARTESIA	
				- <b>-</b>
Spud Date:	Rig Release D	Pate:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE YOUNG	MISSEL TITLE Admi	nistrative Assistant	DATE_	10/20/2011
Type or print name Holly A Campbe	<u>II</u> E-mail addres	s: <u>Holly Campbel</u>	l@Oxy.com PHONI	E: <u>575-628-4117</u>
For State Use Only				1.1
APPROVED BY: Conditions of Approval (if any):	TITLE CO	npuances Of	ALA DATE	10/28/11

